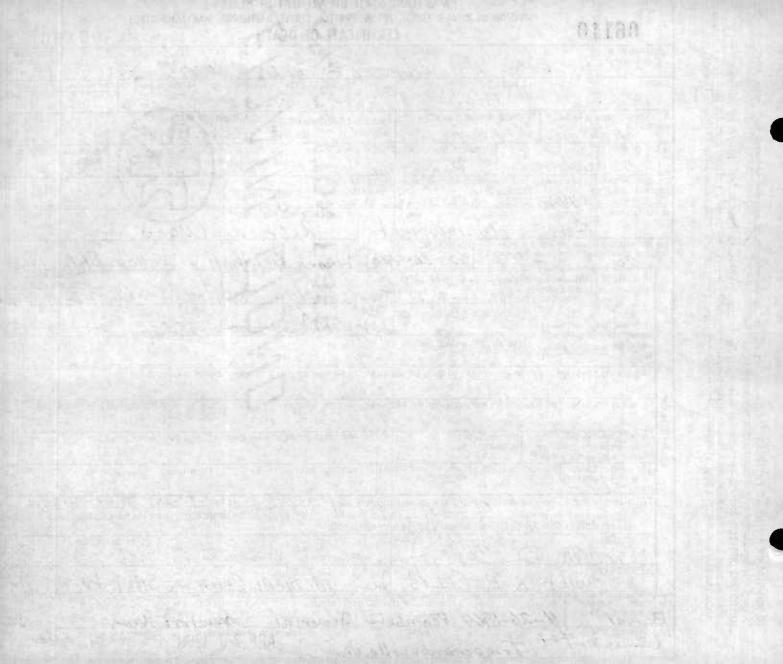


			MARTLAND STATE DEFARIMENT OF HEALT	
		00110	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE,	MARYLAND 21201
		06110	CERTIFICATE OF DEATH	06106
+ -2+			irst Middle Lost 20. DA	ATE OF DEATH 2b. HOUR
er death. funeral funeral fer death.	((ype or print) Milo	red Wainwright BENTHAL	App Month Doy Year G DOO M
rs after of the fundament	3. S		4. RACE S. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
s afte		Fan 1		lost birthdoy) MONTHS DAYS HOURS MIN
ST.	7.0	BIRTHPLACE (State or foreign	White Dec 31-1931	37 YRS.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1's and 2 ith the State Dept. at Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after death	COU	ntry)	THE VERY THANKIED	TY OF DEATH
24 i d i 727		Virginia		ICOMICO Md.
声響を	10. (ITY OR TOWN OF DEATH		ATION (Kind of work done 12b. KIND OF BUSINESS OR
e executed within 24 ho	12	19/156Ury	give street address) . Length during most of wo	Sewi-Co INDUSTRY
d v d v ark	130.	USUAL RESIDENCE (Where de	ceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?	3e. STREET AND NUMBER
eve eve	odm	ission) STATE /) Locales	10 13K COUNTY A Comack Wollers YES NO []	
ny xe	14	ATHER'S NAME First	Middle Lost , IS. MOTHER'S MAIDEN NAME First	Middle Lost
Junu 3		1		(1)
ician teleose	140	WAS DECEASED EVER IN U.S.	rge Wainwright Kebecca	Ward
e death certificate by attending physician permit. Then please on, ar remaval, and	100.	es, no, or unknown) (If yes	tive war or dates of seniral	Address
phy en vra		NO	- 223-36-9910 Henen Benthal	1 - Wallops Station-Va
in the second		18. CAUSE OF DEATH (Ente	r only one couse per line for (g), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ndii iit.		PART I. DEATH WAS CA	USED BY: EDIATE CAUSE (0) INDUCCE REDUCEUS GLOWN	Quello Aclesones intern
ne deatl attendi permit. ion, ar r		2509		· CICACION
the e o		Conditions, if ony, which g	DUE TO, OR AS A CONSEQUENCE OF	andre lentere
at th the nsit p mati		rise to immediate couse	old (b)	central central
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ph)		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(o)
ng en ta b	2			
nding been s the iar ta	100	190. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?	Ob. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The I after has has as as	FIC			AUSES OF DEATH?
in Time and a series of the se	CERTIFICATION	21o. ACCIDENT WAS UNDER		(
AN Solication Far Hee		OR CONTRIBUTING CAUSE OF		it injury in Port 1 or Port 2, Item 18.)
at at the state of	MEDICAL	(If either, notify medical ex	ominer) P.M. 19	
HAS has been concluded by the concluded by the concluded by the concluded by the conclusion of the con	×	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town County State
Phe this De		While Not while of work	Correct Bollomo, tre.	
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DR:		causes stated ab	ave, (I) (we) (did) (did nat) yiew the bady after death.	am accorded to the date and had and half the
A sh C Sh		22b. SIGNATURE		22c. DATE SIGNED
OR be re 3 ed w		109/00011	DEGREE PHYS. DEFECTOR	□ STAFF □ 4-26-69
NI (22d. PHYSICIAN'S	22e, ADDRESS	= 11113. = +
ma ma		NAME (Type) /////	GUR R. FILES & MEDIRAL POL	TRA: SALISHUAU MA
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	00	DUIL COLUMN	DATE OF THE COL	יטוון יוטנונואדוש נאיטיו
HO age	230.	BURIAL, CREMATION, 2		OCATION (City or Town) (County) (Stote)
07 01 b		REMOVAL (Specify)	4-26-1969 Peninsula Memorial N	ew Port News Da
VR A15 (4)	24.1	FUNERAL DIRECTOR	ADDRESS 250. RECES BY REGISTE	RAR COCOSS. REGISTRARS SIGNATURE
45M - 1/69	1	ames M-1	Temperanceville, Va DATE	1000



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6		06111	DIVISION OF V		301 W. PR CERTIFIC			RE, MARYLANI	21201	6107	
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the date	L	FMOIF	whit	e	112			881 last			HOURS MIN.
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ate iciar leas anc	16a.	WAS DECEASED EVER IN U.S. ARM	1	b. SOCIAL SECURITY N		NFORMANT			Address		
tific hys		'es, na, ar unknown) (If yes give w	or or dures or service)	233-72-38	21 M	Irs. E.	D. Tilgh	man s	see sec		
ng p The		18. CAUSE OF DEATH (Enter on	y one cause per line	for (a), (b), and (c).),					APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEATH
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The start of the s	RTIF	4-10-69	To testin		-netrox	YES	74				
AN: cate ar u		210. ACCIDENT WAS UNDERLYHN OR CONTRIBUTING CAUSE OF DEATH	G 21b. TIME OF IN	IJURY Manth Day Year	21c. HO	W INJURY OC	CURRED (Enter not)	re of injury in Part	1 or Part 2, Ite	em 18.)	
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre-	M	While Not while at wark		HOME, FARM, STREET, FAC FICE BUILDING, ETC.				City ar Town		County	Stote
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ro Hospital Page 4 may ro Funeral i directar, pag shauld be fill		NAME (Type) E. Ker	t Carney	M.D.		1	Medical C	enter, Sa	alisbur	y,Md.	
HO Ige FUN FUN	23o.	BURIAL, CREMATION, 23b. [23/1969	23c. NAME OF			230	. LOCATION (City o	ır Tawn)	(County)	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06112 06108 CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 C CITY OR TOWN of autside carparate limits, write RURAL and give negrest tawn) write RURAL and give negrest town) 4 Mo Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS papers Springhill Sanitarium, Inc. NO I YES within NAME OF First Middle carbon DATE Month Year Day completely DECEASED John Bicking April 1969 (Type or print) DEATH SFX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs Min. 6-21-1884 and in any White WIDOWED DIVORCED Male and 10b. KIND OF BUSINESS OR 10g. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if setired) NI RED OR ATTENDING PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME or removal, offending phys IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO 17. (Yes, na, ar unknown) (If yes give war ar dates of service crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and the buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) à be retained by the hospital or attending physician. DUF TO paudis buriol, Canditions, if any, which gave (b) rise to immediate couse (o). DUE TO stoting the underlying cause os the prior to has been last WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Health , NO this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detoched State Dept. c (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED (City or town) (County) (Stote) Hour 'a m factory, street, affice bldg., etc.) Nat While at wark TO FUNERAL DIRECTOR: After at wark 19 (00 to 21. I certify that (I) (this haspital) attended the deceased fram director, page 3 should should be filed with the saw the deceased alive an and that death accurred at M. fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN' Page 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (Stote) BURIAL, CREMATION. 23b. DATE THEREO (County) REMOVAL (Specify) 1 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

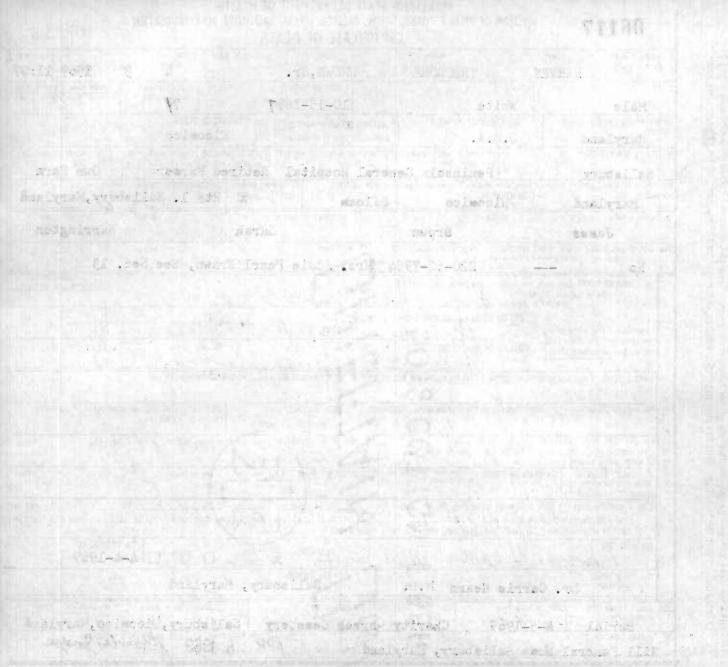
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	06113		RTIFICATE OF DEATH	AL, MARILAND 21201	06109
de d	(Type ar print) Er	nest Joshua	Bowden 2	a. DATE OF DEATH Month Day	y Year 528 A
physician. Signed by the attending physician and campletely filled in by the fursitionary permit. Then please remave carban papers. Pages burial, crematian, ar removal, and in any event, within 72 haurs after	3. SEX Male	4. RACE	S. DATE OF BIRTH 2-28-86	6. AGE (In years last birthday) \$3 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS GAYS HOURS MIN
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se rem		T. Bowden Last	15. MOTHER'S MAIDEN NAME First hand		Last
ohysicio n plea val, an	16a. WAS DECEASED EVER IN U.S. A Yes, na, ar unknawn) (If yes giv	IRMED FORCES? ve war or dates of service) 16b. SOCIAL SECURITY NO. 230-32-07	George Taylor, C	hincoteague, AddressVi	nginia
nding p iit. The	PART I. DEATH WAS CAU	anly ane cause per line for (a), (b), and (c).) SED BY: DIATE CAUSE (a)	ann en lane	Sin.	APPROXIMATE INTERVAL BETWEFN ONSET AND DEATH
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haspital ar certificate iched far us pt. of Healt	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI (If either, natify medical exar	EATH HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Enter not	ure of injury in Part 1 or Part 2,	Item 18.)
his etac Dep	21d. INJURY OCCURRED 21 While Nat while at wark at wark	e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR' OFFICE BUILDING, ETC.	Y.) 21f. LOCATION Street ar R.F.D. Na.	City ar Tawn	Caunty State
ined by the Street to auld be de inthe State	22a. I certify that (1) (1) (1) saw the deceased causes stated abo	this haspital) attended the deceased alive on 194 ve, (1) we) (did) (did not) view the bac	2.7, and that in (my) (aur) apiniar	, ta, 19_ n death accurred an the da	69, that(1)(we) la te and haur and fram th
Page 4 may be retained to FUNERAL DIRECTOR: 4 director, page 3 should should be filed with the	22b. SIGNATURE	Mum f.	DEGREE PHYS. MED. DIRECT	C STAFF C	DATE SIGNED f-1-69
4 may NERAL tar, page alld be fill	22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
To Fun			Hemorical Touck	d LOCATION (City or Town) Salisbury, Mary	
VR A15 40	24. FUNERAL DIRECTOR	1 Home Chinesteanue	Vincinia 250. REC'D BY RE	GISTRAR 2Sb. REGISTRAPS	SIGNATURE Judge

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	06114		OT W. PRESTON STREET, BALT RTIFICATE OF DEATH	IMORE, MARYLAND 21201	06110
Descented within 24 hours ofter death. The campletely filled in by the funeral e remove corbon papers. Pages 1 and 2 in any event, within 72 hours after death.	1. DECEASED-NAME First	Middle		la surr or arrest	
and completely filled in bythe funeral remove corbon papers. Pages 1 and 2 in ony event, within 72 hours after death	(Type or print) SALLIE	ELIZABETH	BRITTINGHAM	2a. DATE OF DEATH Month April 1	3 1969 2b. Hour
100	3. SEX 4. RACE		S. DATE OF 8IRTH	6. AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Fema 1e	White	October 12,1	903 last birthday) 65 YRS.	MONTHS DAYS HOURS MIN
	country)		MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH WICOMICO	Md
	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITU	UTION (If not in hospital 120. USU)	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	Salisbury	Peninsula Gene	eral Hospital during m	ost of working life even if refired)	Shirt Factory
	I 3a. USUAL RESIDENCE (Where deceosed lived, if	institution: Residence before 13	c. CITY OR TOWN 13d. INSIDE CITY &	IMITS? 13e. STREET AND NUMBER	
4		Wicomico :	Salisbury YES 🗶 No	□ 205 Tilghma	n Street
١	14. FATHER'S NAME First N John T	liddle Lost Massey	IS. MOTHER'S MAIDEN NAME F	ry Elizabeth	Elliott
Ì	16a. WAS DECEASED EVER IN U.S. ARMED FORCES Yes, no, or unknawn) (If yes give war or dates of se		17. INFORMANT (Daught T Mrs. Mary C. L	er) Address3 innett, Salisbur	11 E. Vine St. y, Maryland
Ī	1B. CAUSE OF DEATH (Enter only one caus	e per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
۱	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (of candiac	arknest (fil	pullation!	
1	4123 DUET	O, OR AS A CONSEQUENCE OF	0		
1	Canditians, if any, which gave a rise to immediate cause (a),	(b) antencoscl	enotic heard d	sisease	URS
ı	stating the underlying cause DUE T	O, OR AS A CONSEQUENCE OF			
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ı	o acusetes	= couge	stive failer	re-postope	nation
I	190. DATE OF OPERATION 19b. CONDITION	FOR WHICH OPERATION WAS PERPO		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	190. DATE OF OPERATION 19b. CONDITION 4-14-69 21a. ACCIDENT WAS UNDERLYING 121b.	TIME OF INJURY	YES NO C	r nature of injury in Part 1 or Part 2,	IA 1D.)
	6.01	R A.M. Month Day Year	ZIC HOW INJURY OCCURRED (ENTE	i nature of injury in Part 1 of Part 2,	nem is.)
	GONTRIBUTING CAUSE OF DEATH HOU (If either, natify medical examiner)	P.M. 19 NITED AT HOME FARM STREET FACTORY	(A) 216 LOCATION Street or D.C.D. No.	. City or Town	Caunty State
1	While Not while at wark	OFFICE BUILDING, ETC.	(1) 21f. LOCATION Street or R.F.D. No.	. City of fown	County 510fe
1	22a certify that (1) (this hasnite	all attended the deceased	fram 3-34 106	eq to 4-18 10	GG that (II)(wa) lac
	22a. I certify that (I) (this haspite saw the deceased alive an	diference lie nerenzen	ond that in (my) (our) opi	nion death accurred an the do	ate and hour and from the
	causes stated above, (1) (we)	(did) (did not) view the boo	dy after death.		
	22b. SIGNATURE	1 ~ ~	ATTENDING ATTENDING	HPT STAFF	DATE SIGNED
	John Dell	alley 171.1	DEGREE PHYS.	IRECTOR PHYS. PAP	oril 2//1969
	22d. PHYSICIAN'S NAME (Type) Dr. John T	. Bulkeley	Pine Blu	uff Road, Salisbu	ry, Maryland
100	23a. BURIAL, CREMATION, REMOVAL (Sparify) BUT 1 APr 1 2	2,1969 Wicomico	ETERY OR CREMATORY Memorial Park	23d LOCATION (City or Town) Salisbury, Wicon	nico, Maryland
	24. FUNERAL DIRECTOR HOLLOWAY & COMPANY			Y REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE

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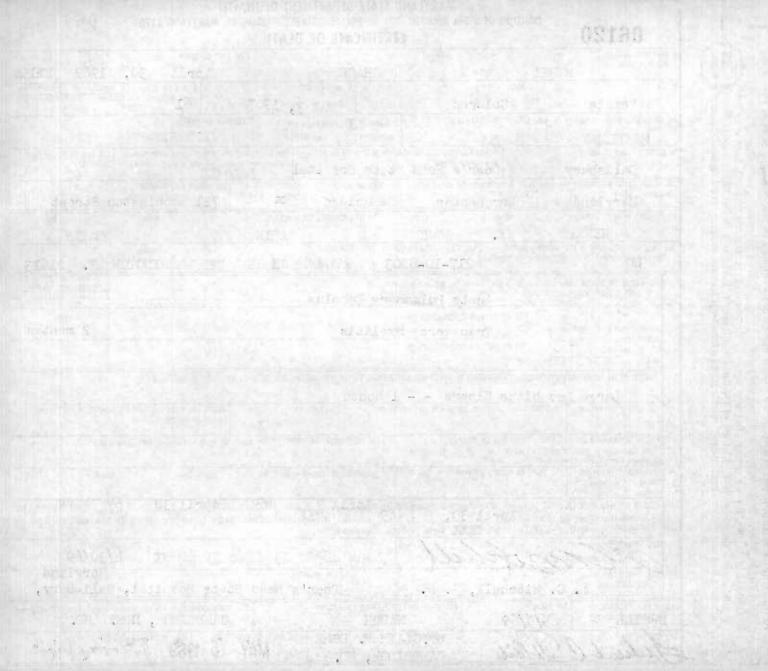
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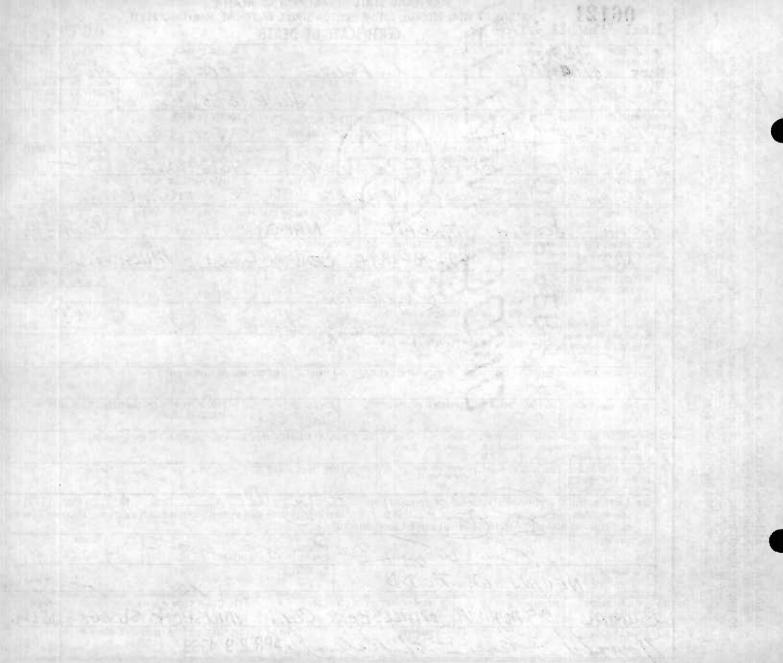
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4		2	001.10	A COMPANY OF THE PARK	CERTIF	CATE OF DEATH		06114
	# - T +		CEASED-NAME First	Mi	ddle	Last	2a. DATE OF DEATH	2b. HOUR
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	fur fur ter	3. SE	X	4. RACE		S. DATE OF BIRTH	6. AGE (In year	rs IF UNGER 1 YEAR IF UNDER 24 HRS.
	mpletely filled in by the funeral re carbon pepers. Pages 1 and 2 event, within 22 hours after death.	1	EMALE	WHITE		February 4,	1911 lasbirthday)	YRS. MONTHS DAYS HOURS MIN.
	hour hour		RTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTR	Y? 8. MARRIE	NEVER MARRIED	9. COUNTY OF DEATH	
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	filled filled			11. NAME OF HOSE	PITAL OR INSTITUTION (II	nat in haspital 12a. USU.	AL OCCUPATION (Kind of work	dane 12b. KIND OF BUSINESS OR
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	and campletely fremave carbon	13a. admi	USUAL RESIDENCE (Where deceasion) STATE	sed lived, if institution: Residen 13b. COUNTY	ce befare 13c. CITY (OR TOWN 13d, INSIDE CITY L	IMITS? 13e. STREET AND NUMB	ER
	ave ave		Maryland	Wicomi		bur y	U.S. Route	e #13
	nd rem	14. F	ATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME F	First Mid	dle Last
	on one	-	Lee	B∙ R	uark	Sarah)	Jenkins
	icat icat	16a. Y	WAS DECEASED EVER IN U.S. AR/	WED FORCES? 16b. SOCIAL var or dates of service)	SECURITY NO. 17	INFORMANT (Daughte	Addr	ess Rt. 13
	1 5 8		10			rs. Violetta	M. Elrod, Sali	isbury, Maryland
	4 5		 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE 	n DV.	,			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	leat lend mit ar		IMMEDIA	ATE CAUSE (a)	tiple 1	Pulmonar	y Emboli	244.
	att per jan, ian,		398X	DUE TO, OR AS A CONSEQ				
	the the nsit mat		Canditions, if any, which gave rise to immediate cause (a),		Extrem	ity & Pelv	10 Venous S	tosis 48h.
	trar cre		stating the underlying cause	DUE TO, OR AS A CONSEC				Ho.
	ysic ysic ned rial- rial,		last.	(c) RHT.		& Fibrillation	w, Pelvic En	18th Made
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	ding ding seen the trta	NO	ASCUD.	(b) Nem	plegia	LOP	itrial Fib.	TUPINIAUS &
	e fe fren ds b as pric	CERTIFICATION		CONDITION FOR WHICH OPERATION		20a. AUTOPSY?	20b. IF YES, WERE FINDS CAUSES OF DEATH?	INGS CONSIDERED IN CERTIFYING
	e house	ERTI	21g. ACCIDENT WAS UNDERLYIN			Indianal Institution		165
	IAN ol o ficat for for He		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Manth D	ay Year	10W INJURY OCCURRED (Enter	r nature of injury in Part 1 or Po	art 2, Item 18.)
	SIC spit ertii ertii hed t. af	MEDICAL	If either, natify medical examinated 21d. INJURY OCCURRED 21e.		19	06471011 6		
	OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate le 3 shauld be detached for u ed with the State Dept. af Heal		While Nat while at wark	PLACE OF INJURY (AT HOME, FARI	NG, ETC.	LOCATION Street at R.F.D. Na.	. City or Town	County State
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	OR: aulo		causes stated abave	(I) (we) (did) (did nat) v	iew the bady after	death.	mon death occorred on h	ne dote and noor and from the
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	DIR DIR Je 3		Lefun	M Stol	The way	PEE PHYS. D	IED. STAFF PHYS.	-4/2/69
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	HC age	23a	BURIAL, CREMATION, 23b. REMOVAL (Specify)		NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or Town)	
	5-5			il 7,1969 Wi	comico Men	norial Park	Salisbury, Wic	comico, Maryland TRAR'S SIGNATURE
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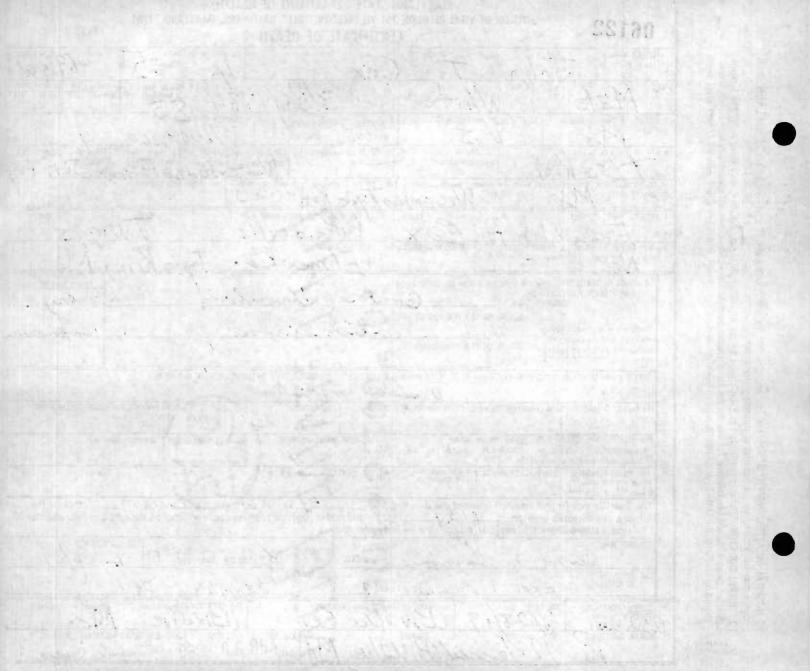
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		1	MARYLAND STATE DEPARTMENT OF HEALTH	
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	212.2	1	teml FilmGL12 5/1/69 kk CERTIFICATE OF DEATH	06117
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	in East	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	A Se in a C	S	ALISBURY GENEVILA GENERAL HOR Maring master warking life, even if retired.)	INDUSTRY
	campletely ave carbany y event, w		USUAL RESIDENCE (Where deceased lived/if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREFT_AND NUMBER	
	ute we we	adn	PELAWARE 13V. COUNTY SUSSEX MILLS BOYEL YES NOW RURAL	
	d cd	14.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
-	and and in an		NOAH JOSEPH TENDALL NANCY	RAKED
I	te lian ian asse	160	I. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	Driner
	physician en please aval, and i		Yes, no, or unknown) (If yes give war or dates of service) 222-10-8701 A BEATRICE LYWCH - MILLISB	MASS. NEL
	ne death certific attending phys permit. Then p ian, ar remaval,			APPROXIMATE INTERVAL
	th ding		1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN DISET AND DEATH
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	the the material transfer of the transfer of t		Conditions, if any, which gave rise to immediate cause (o). (b)	
	tho an. by ran		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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	v re ing en he	z		
	The law ratending has been se as the h priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
	The se of the p	E	YES NO CAUSES OF DEATH?	
	are are		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, It	em 1B.)
	CIA Figure 1	MEDICAL	DR CONTRIBUTING CAUSE DF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19	
	YSI nasp cert chec	ME	21d INILIRY OCCURRED 21e PLACE OF INILIRY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town	County State
	PH his his eta De	1	While Nat while at wark at wark	
	V + Y + H			7 , that (1) (we) last
	Aft Aft e St e St		22a. I certify that (I) (this haspital) attended the deceased from 7-20, 190 , ta 7 66, 18 saw the deceased slive an 190 , and that in (my) (our) opinion death occurred an the dot	e and haur and fram the
	OR:		causes stated abay (1) (we) (did) (did not) view the bady after death.	
	reto RECT 3 sh with	13	22b. SIGNATURE 22c. D	ATE SIGNED
	be ged ed		Deux W DECREE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	4-26-69
	AL Page	12	22d. PHYSICIAN'S NAME (Type) NEULY S (1) TODD 22e. ADDRESS	
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	HO H	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
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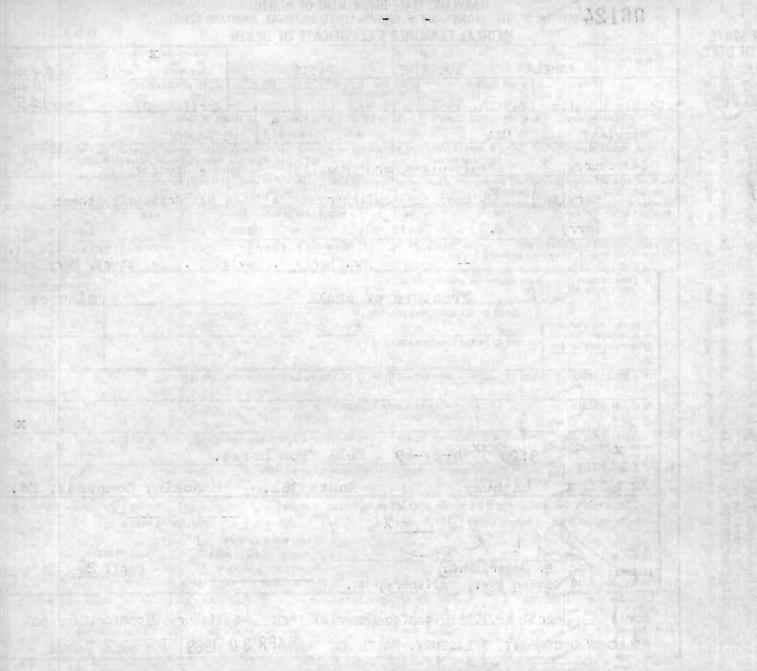
	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		06122 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00440
			06118
death.		DECEASED-NAME (Type or print) And Deceased Name (Type or print)	Yeor 69 2b. HOUR 9-20P M
within 24 haurs after death. By filled in By the funeral ban papels. Pages, 1 and 2 within 72 hours after death.	3. SI	SEX Male 4. RACE White S. DATE OF PIRTH 6. AGE (In years least birthday) YRS. MONTH	DER I YEAR IF UNDER 24 NRS.
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re executed within 24 ho and completely filled in remave carban papers. In any event, within 72 h	13a. odm	a. USUAL DESIDENCE (Where deceased lived, if institution: Residence before 13c_CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER mission) STATE 13b. COUNTY 1/(COM160) YES NO	
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rtificate b physician en please aval, and i		So. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na Ar ynknown) (If yes gue war or dates of service) 166. SOCIAL SECURITY NO. 17. INFORMANT Address T. Z. H. M. Z.	M
at the death ce the attending ssir permit. Th mation, ar rem		18. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days Lenknown
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The law ratending attending has been rise as the th priarta	CERTIFICATION	19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? Yes \(\square\) No \(\square\) (Auses of Death?	RED IN CERTIFYING
ICIAN: The pital ar attificate ha di for use af Health p	MEDICAL CE		8.)
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be reto be reto DIRECT ge 3 sh		22b. SIGNATURE Const m. Lama DEGREE PHYS. MED. STAFF DIRECTOR PHYS. 22c. DATE S	1GNED /69
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	1			D STATE DEPARTMENT OF		
		00400 D	IVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 21201	
	L	06123		CERTIFICATE OF DEAT		06119
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s after d	3. 5	MALE	4. RACE	S. DATE OF BIRTH 1-3-189	6. AGE (In years last birthday)	MUNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
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within 2		CITY DR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN: give street address) Peninsula		ISUAL OCCUPATION (Kind of work done g most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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tificate hysicion n pleas val, and		(es, no, or unknown) (If yes give words	FDRCES? 16b. SOCIAL SECURITY 1 2/7-69-8	NO. 17 INFORMANT	Tashell Jr. 813 Address	Con Dale Drive
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JING PHYSIC by the hospii frer this certi free the certi state Dept. of	W	21d. INJURY OCCURRED 21e. PLAN While Not while of work	CE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LDCATIDN Street or R.F.D.	No. City or Town	County Stote
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OR AT be retained by the best of the best		22b. SIGNATURE	MSTER.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. 422c. D	ATE SIGNED H \ 5 \ 69
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MARYLAND STATE DEPARTMENT OF HEALTH



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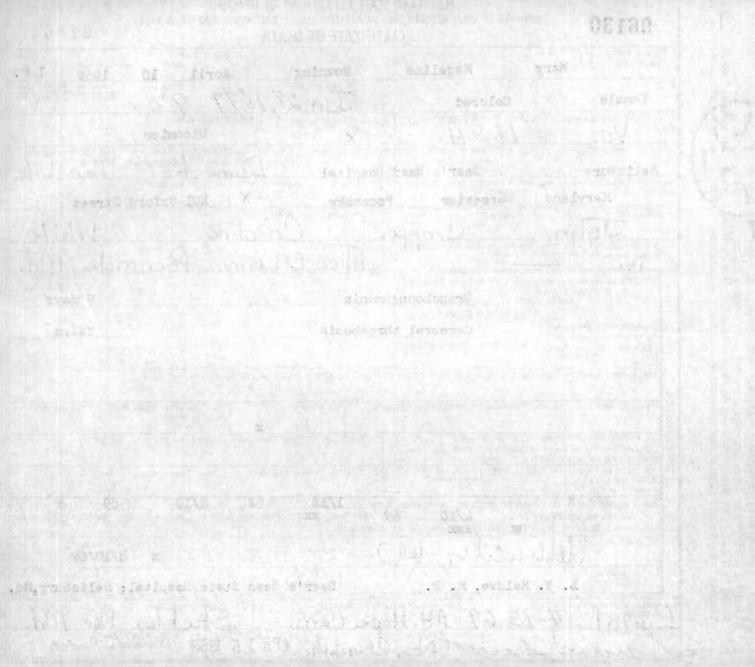
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		06127 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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any any	14.	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Last
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afe		a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
hys hys		Yes, no, or unknown) (If yes give wor or dates of service) 2-17-36-0602 NID FRED DINGES BERY	N MD
The p		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
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the by crear		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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afte aft by	CERTIFICATION	YES NO CAUSES OF DEATH?	
ar ar use			, Item 18.}
ital iffice for the	MEDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH (If either, notify medical examiner) P.M. HOUR A.M. Month Day Year 19	
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the haspital ar attending physician. JIRECTOR: After this certificate has been signed by the attending physician are 3 shauld be detached far use as the burial-transit permit. Then please red with the State Dept. af Health priar ta burial, crematian, ar remayal, and in		While Not while of wark of wark	Sidio
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A Aft		saw the deceased glive on Clay 8 1969 and that in (my) (and applicant death decrured on the	late and hour and from the
OR:		causes stated above, (I) (a) (did) (did) view the body after death.	
A S D S S	Н		. DATE SIGNED
OR De 1		OLOREO C. JULY OF DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	4-11-69
AL ONY NIL Fill Fill		22d. PHYSICIAN'S 22e. ADDRESS OF AN	1001
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific. Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physidirectar, page 3 shauld be detached far use as the burial-transit permit. Then planded be filed with the State Dept. af Health priar ta burial, crematian, ar remaval,		NAME (Type) 1 vie Blaf Road	d, tales bury Md
HO GECT NO.	23a.	BURIAL, CREMATION, 23b. DATE / 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
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	24.		'S SIGNATURE
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	MARTLAND STATE DEPARTMENT OF HEALTH	
10	06129 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	06125
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) / WILL First ALLE Middle DOUGHTRTY Lost 20. DATE KNOWN Manth Do	
y is to oge to	William SLEN JOUGGERTY DEATH MATED APTIL	
DEATING TO SEE THE SEE	3. SEX 4. RACE S. DATE OF BIRTH A Sept. 14, 1904 Se	Year 1969 P. N
2, 2, P.I.	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	The W
Nours after death Jem 18. Give Pages 1, Office along with farm 1 and 2 with the State De ofter death	Country) Maryland USA WIDOWED DIVORCED Wicomico	W
Stor Stor	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b	. KIND OF BUSINESS OR
after deoth 3. Give Pago olong with with the Sta		DUSTRY Bus Operator
othe other	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE/CITY LIMITS? 13e. STREET AND NUMBER	
2 × 6 0 × 8 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6	odmission) STAME Tyland 13b. COUNTWicomico Mardela Sprintes NO□	
Thours of Uten 18. Office old Office old offer dead	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
Z S S S S S S S S S S S S S S S S S S S	John Dougherty Martha Ada	ms
Id be executed within 24 hours after ad 'pending' in percil in Jehn 18. Gi Chief Medical Examiner's Office olong transit permit. File pages 1 and 2 with y event within 72 hours often death	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves, no or unknown) (If yes give war or doles of service) 215-12-1873 17. INFORMANT Mrs. Katherine A. Dougherty, Mardo	ela Springs
ed v in II Ex III 7	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
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exe endi Me t pe	4109 DUE TO, OR AS A CONSEQUENCE OF	
be "pe hief ansit	Canditians, if any, which gave rise to immediate cause (a), (b)	
ony	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per to the Chief I buriol-transit	last. (c)	
o o and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
nis certifica ite, writing forwarde oe used os	z haletis - leutrly zmig.	
his certificate, writing forwar	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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NER cer hou hou sho sho sho sho sho	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City or Town	County Chair
M # 4 # B	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.) 21f. 10CATION Street ar R.F.D. Na. City or Town	Caunty State
L EXA kecute Poge for you DR: Pogo	22a. I certify that I toak charge af the remains described above, held an Autapsy 🗍, Inspection 💢 Inquiry 💢	and in my opinion
olderse exected the state of th	deoth resulted fram: Natural causes 🔼 Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗌	
please directive retoine or to k	CHIEF MEDICAL EXAMINER	
Y, ple eral dise sal D	SIGNATURE COLORS CONTROL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	NED
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VR A15ME (5)	24. FUNIFAL DIRECTOR 250. REGISTRAR SIGN DAPR 1 1 1969 COLUMNA	
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1	06130	DIVISION OF VITAL RECORDS,	J STATE DEPARTMENT O 301 W. PRESTON STREET, B ERTIFICATE OF DEAT	ALTIMORE, MARYLAND 21201	06126
	DECEASED-NAME First (Type or print) Mary	Middle Mageline	Downing Last	2a. DATE OF DEATH April Month	2b. HOUR 1969 1 P
3. 3	Female	4. RACE Colored	Jan 28,	1877 6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HR: MONTHS DAYS HOURS MIN
(0)	intry) Va.	U.S.H.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH WICOMICO	N
	Salisbury	11. NAME OF HOSPITAL OR INST give street oddress) Deer's Hea	d Hospital	USUAL OCCUPATION (Kind of wark dang g nast of warking life, even if retired.	12b. KIND OF BUSINESS OR INDUSTRY
13a adr	. USUAL RESIDENCE (Where deceased nission) STATE Maryland	lived, if institution: Residence before	Pocomoke 13d. INSIDE (NO 13e. STREET AND NUMBER	
14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAM	ME First Middle	White
	J. WAS DECEASED EVER IN U.S. ARMET Yes, no ar unknown) (If yes give work	O FORCES? or dates of service)	D. 17 NFORMANT ALICE D. [Address Pagar	note, Md.
	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	thrombosis	OR CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 9 days Years
CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PERI		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19		Enter noture of injury in Part 1 or Part 2	, Item 18.)
ME	21d. INJURY OCCURRED Value PL While At work 21e. PL	ACE OF INJURY (AT HOME, FARM, STREET, FACTO	ORY.) 21f. LOCATION Street or R.F.D.	No. City ar Town	County State
	22a. I certify that (4) (this saw the deceased valiv	haspital) attended the deceased e an 19/10 19 () (see) (did) (distruct) view the b	69 and that in 200) (aur)	9.62 , ta 4/10 , 1 apinion death occurred an the c	9_ 69 _, that A (we) la late and haur and fram th
	22b. SIGNATURE	relete, bu	DEGREE PHYS.	MED. STAFF PHYS. 220	. DATE SIGNED 4/10/69
		Maldve, M. D.		ead State Hospital	; Salisbury,Mo
1	RURIAL, CREMATION, REMOVAL (Specify FUHERAL DIRECTOR	12 10 1011	METERY OR CREMATORY 1000 25a. REC	23d. LOCATION (City or Town) D. BY REGISTRAR P. 15 1969 25b. REGISTRAR	(Caunty) (State)



		1			ND STATE DEPARTMENT OF		
5			06131		, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH		06127
	- 2 -	1 D	CEASED-NAME , First		last	2a. DATE OF DEATH	Lat House
	n 24 hours after deoth illed in by the funeral popers. Pages I and 2 nin/22 togrs after deoth		Ype or print) VIRCOIN	'A IM	LINGSWORTH	APRIL Manth Day	1 gear g 2b. Hour
	fun s l	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	the the strangers af		F	CHY	26DEC 11	last birthday) YRS.	MONTHS DAYS HOURS MIN
-	hour:	7o.	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	filled poper thin 72	10 (ITY OR TOWN OF DEATH		WIDOWED DIVORCED ISTITUTION (If not in hospitol 12a, U	Wicomico SUAL OCCUPATION (Kind of work done	Md. 12b. KIND OF BUSINESS OR
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	sicing pleas		WAS DECEASED EVER IN U.S. ARA	une ne dates of consuct	1	S// Address	((10-)
	phy nen oval		NE) (22-05-1		- ITINGSWORTH	APPROXIMATE INTERVAL
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	t the cash properties		Canditions, if any, which gave	(b)			
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	equires the physician. signed by burial-tron burial, crer		last.	(c)			
	request by signal of the signa		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(0)	
	law ndin beer s the	VION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
	The atternation of the second the property of	CERTIFICATION	7.25		YES NO	CALISES OF DEATHS	
	AN: If or cate or u		21a. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCURRED (Er	nter nature of injury in Part 1 or Part 2, It	tem 18.)
	SICLy spite ertifii ed f	MEDICAL	(If either, notify medical exami	ner) P.M.	9		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detacted for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and should be filed with the State Dept. af Health prior to burial, crematian, or removal, and in ony event, within 72 tasks after death	~	21d. INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FA	(CTORY.) 21f. LOCATION Street or R.F.D.	Na. City ar Town	County Stote
	ling by t ffer ffer be d		22a. I certify that (I) (th	is haspital) attended the deceas	ed fram, 19		, that (I) (we) last
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	be be 3 ge 3 ge 3 ge 4	19	Minnes 1	Hallaher	DEGREE. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	18/69
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	HOS ge 4 FUNI recto	23a.	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23g LOCATION (City or Town)	(County) (Store)
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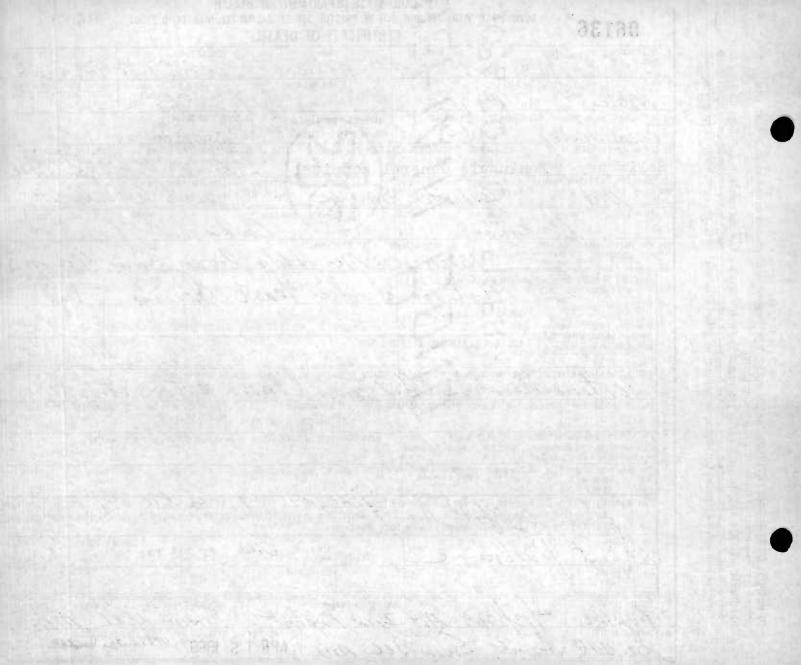
1868-216 Film412 MARYLAND STATE DEPARTMENT OF HEALTH 69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06130 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Manth Doy 2b. HOUR (Type or Print) ESTI-HAROLD HANLEY PUTNAM any delay is 2, and 3 to PM3. Page of o DEATH MATED 10:02M 4 RACE 6. AGE (In years IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR. Male White 3-15-12 10:02 M 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with form Country) Lennsylvania WIDOWED T DIVORCED [Wicomico the Stat 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give special dessingula General during most of working life, even if refired.) Salisbury 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? pages 1 and 2 with 13e. STREET AND NUMBER after death. admissian) STATE Va. 3b. COUNTY Accomac Chincoteagues & NO [135 Clark St. 24 haurs 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Unknown Unknown hours 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. in 'pencil 17. INFORMANT ADDRESS (Yes, no, ar unknown) Edna Hanley, Chincote gue, Virgini 150-09-2490 burial, crematian, ar remaval, and in any event within 72 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Hemothorax days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave he days Fractured ribs rise to immediate couse (a). please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 3 shauld be used as CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO TO 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year MEDICAL PRIMARY X OR CONTRIBUTING HOUR A.M. Fell in shower at home. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.)
OWN home 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. County City or Tawn FUNERAL DIRECTOR: Page far vaur WHILE AT WORK AT WORK Clark St., Chincoteague, Accomac, Va. 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X and in my apinian Inquiry X, Undetermined manner death resulted frame Natural causes . Accident X Hamicide T Suicide . CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE L. Royer, M.D. April 28, 1969 DEPUTY MEDICAL EXAMINER EXAMINER'S may NAME (Type) 409 Camden Ave., Salisbury, Md ADDRESS (Street, city, town, or county) 50 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE BUREMOWAY (Specify) 4-25-69 Mechanics Cemetery Chincotelle 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Salyer Funeral Home, Chincoteague, Va. DATMAY 10M REV. 1/68

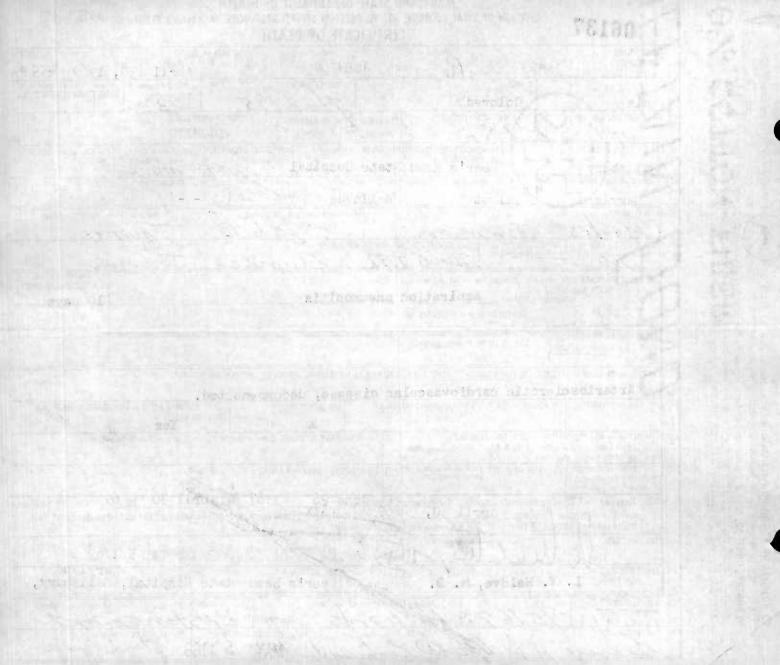
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	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06131
	06135 CERTIFICATE OF DEATH
within 24 haurs after death. ely filled in by the funeral bon papers. Rages 1 and 2 within 22 hours after death.	1. OECEASED-NAME (Type or print) E TRANCES HEARN 20. OATE OF OEATH APRIMONTH Day 1489 85
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	Salisbury Peninsula General House wife
and completely f remave carbon in any event, with	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland 13b. COUNTY Wicomico Salisbury 13d. IMSIDE CITY LIMITS? 13e. STREET AND NUMBER 362 Carey Avenue
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be in a se r	
ertificate be physician a phease i and in	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 218-48-5975 Mrs. Stella F. Solloway, Snow Hill, Maryland
of the death c the attending ssit permit. The matian, ar rem	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE 10, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a). stoting the underlying cause OUE 10, OR AS A CONSEQUENCE OF
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PHYSION he hasp this cert etached	[If either, notity medical examiner] P.M. 19 21d. INJURY OCCURRED While Nat while of work of w
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health priar ta burial, creating the state Dept.	220. I certify that (I) (this hospital) attended the deceased from 3-30, 1967, to 4-2, 1969, that (I) (we) loss sow the deceased glive on 1961, and that in (my) (our) opinion death occurred on the date and hour and from the courses stated above (I) (ye) (did) (did not) view the body after death. 22b. SIGNAPARE DEGREE ATTENDING MED. STAFF PHYS. April 2, 1969 22d. PHYSICIAN'S NAME (Type) DAVID J. G. I MORE 22e. ADDRESS NAME (Type) DAVID J. G. I MORE DEGREE ATTENDING DIRECTOR DIREC
IOSI UNE ecta ould	23a. BURIAL, CREMATION, 23b. OATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Pag To Fag sho	REMBYA (Spacify) April 5,1969 Parsons Cemetery Salisbury, Wicomico, Maryland
VR A15 41 45M - 1 89	24. FUNERAL OIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE OATE PR 8 1969

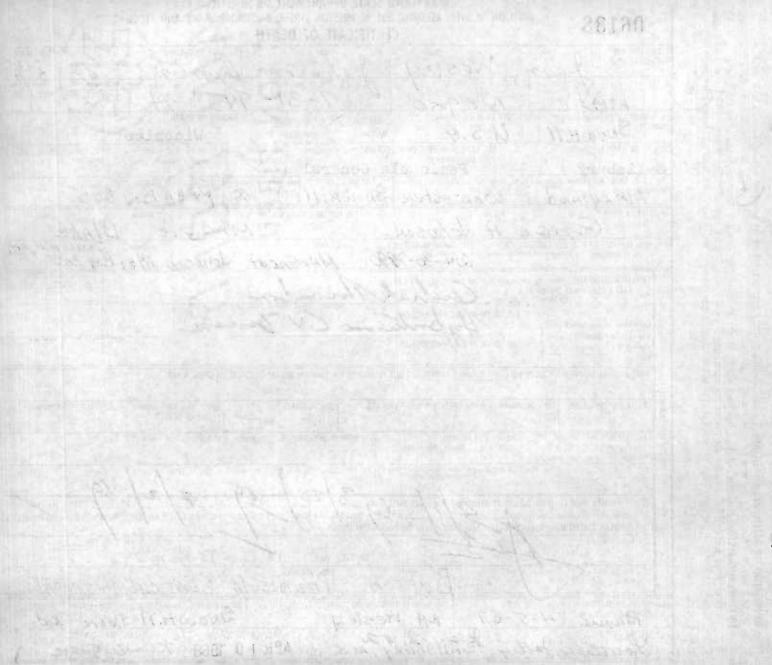
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		RYLAND STATE DEPARTMENT OF HEALTH	
	06136 DIVISION OF VITAL REC	CORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	06132
	· P	CERTIFICATE OF DEATH	
death.	1. DECEASED-NAME First Midd (Type or print)		9 1969 6 A
dec	$///A / 0 \gamma$	APRIL (1	1969 6A
ffer for	3. SEX	5. DATE OF BIRTH 6. AGE (In years lost birthday)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
TS a	Male Negro	1903 (43 YRS.	
4 haves after death. in by the funeral ers. Pages I and 2 I have after death.	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
24 ir d ir per 72	REW WERSEY U.S.H.	WIDOWED DIVORCED Wicomico	N
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the hospital ar attending physician. This certificate has been signed by the attending physician and campletely filled in by the funeral stached far use as the burial-transit permit. Then please, remave carbon papers. Pages 1 and 2 Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 haus after death	give street oddress)	TAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	INDUSTRY/1 wind
d w	13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence	De before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	51-SNICH SILL
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physician phase, en please, and and and	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SI	ECURITY NO. 17. INFORMANT Address	
tifica hysi n pl val,	Yes, no, or unknown) (Il yes give war ar dates of service)	8-2622 MRS. Hold Coster. SNI	w Lumi
s that the death cerian. Ion. 1 by the attending p -transit permit. The	18. CAUSE OF DEATH (Enter only one couse per title for (a) (b),		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ndin ndir ir re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (STREET)	i osclevolic Heart Miseese	M /
ne death attendii permit. ian, ar ra	4/23 DUE TO, OR AS A CONSEQUE	ENCE OF	
the the	Conditions, if ony, which gove)		
that In. by 1 rans	rise to immediate couse (o), (stating the underlying couse DUE TO, OR AS A CONSEQUE	ENCE OF	
sicio ed al-ta	lost. (c)		MISS SULLEY
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The aff of the series of the s	FILE TO THE PROPERTY OF THE PR	YES NO CAUSES OF DEATH?	
AN: or or or or heal		21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2,	, Item 18.)
af the state of th	(If either, notify medical examiner) P.M.	19	
by the hospital ar fifer this certificate be detached far u State Dept. af Healf	21d. INJURY OCCURRED Value Not while 21e, PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING,	STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
the the det	at work of work	On the contract of	10
by Affer Stat	22a. I certify that (I) (this haspital) arrended the c	deceased frame for 2 1, 19 7, to Continue 19	, that (I) (we) la
R: /	saw the deceased alive an cayes stated abaye, (1), (we) (did) (did nat) vie	1962, and that in (my) (aur) apinian death accurred an the death and the death	ate and haur and tram th
OR ATTENDING be retained by the State of a should be ded with the State	22b. SHOWATURE	224.	. DATE SIGNED
OR DOE T	Xland Hailmore	DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	
IAI CAY	22d. PHYSICIAN'S	22e. ADDRESS	
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	NÀME (Type)		
HO Bge FUN Fun		AME OF CEMETERY OR CREMATORY 23d. LOCATION-(City or Town)	(County) (Stote)
5 5 p	REMOVAL (Specify) 4/13/1969 //	Mt Zien BAPTIST SNOW He	LC Mp.
VR Ats (4)	24. FUNERAL DIRECTOR	ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
45M - 1X69	sudal Sounds, Inda	W N.CC, MO. DAPR 1 5 1969 Milion	A MANAGEMENT





	1		MARYLAND STATE DEPARTMENT OF HEALTH	
4		06138	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, N	
		00199	CERTIFICATE OF DEATH	06134
4 -24		ECEASED-NAME A Firs	Middle Last 2a. DATE	OF DEATH 2b. HOUR.
deo	1	Type ar print)	n Vesley tohnson Bo	Manth Doy Year 3 12 M
Fer	3. 5	EX //	4. RACE S. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
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by by	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY	OF DEATH
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The solution of the solution o	S	alisbury	Peninsula General	ng lite, even it retired.)
ent de la	13a. adm	USUAL RESIDENCE (Where decedission) STATE		STREET AND NUMBER
20003			COORCESTER ONCWHILL - 1-1	Rt#1 Box 305
e ex nund rem	14.	FATHER'S NAME First	Middle Last IS. MOTHER'S MAIDEN NAME First	Middle Last
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the all	П	Canditions, if any, which gave	DUE TO, OR AS ACONSEDUENCE OF THE CV Disea	24
y th insit		rise ta immediote couse (a),	DUE TO, OR AS CONSEQUENCE OF	
d b		stating the underlying cause last.	(c)	
luire hysi gne uria uria		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
ng p	-			(4)
low indir	ATIO	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b	. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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Pita Pita Pita Pita Pita Pita Pita Pita	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Day Year P.M. 19	
HYS hos s ce sche spt.	×	21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION, Street or P.F.D. No.	City ar Tawn / County State
the this det		di waik ai waik	11 8/20/10	0/3/69
by Afrer be by Star		22a. I certify that (1) (the saw the deceased (nis haspital) attended the deceased from	, 19, that (I) (we) last
ned ned uld the		causes stated abay	e, (I) (did) (did/nat) yiew the bady after death.	h accurred an he date and hour and fram the
Sho Cro		22b. SIGNATURE		22c. DATE SIGNED
OR DIRE		-	DEGREE ATTENDING MED. DIRECTOR DIRECTOR DIRECTOR	STAFF PHYS.
ral ray		22d. PHYSICIAN'S NAME (Type)	B 299 ADDRESS	(-, 1/1 1/1
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 shauld be detached for use os the burial-transit permit. Then please remove carbon papers. Posshould be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours are also as the burial cremotion, or removal, and in any event, within 72 hours are also as the burial cremotion, or removal, and in any event, within 72 hours are also as a second by the action of the state Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours are also as a second by the state Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours are also as a second by the state Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours are also as a second by the state Dept.			DURTON TENINSULA	DENECHL HISPITAL
HO Oge Properties	23a	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCA	ATION (City or Tawn) (Caunty) (Stote)
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VR A15	24.	FUNERAL DIRECTOR	ally Jensey ADBERSS & 20 250. REC'D BY REGISTRAR	
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	It!	18-22a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH I tem 6 Film G 41	2 5/14/69
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06135
HEALTH DEPT.	1. D		Day Yeor 2b. HOUR
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Thiffical I be		210. EXTERNAL CAUSE WAS PRIMARY 3 OR CONTRIBUTING 1 HOUR A.M. estimated 11 determined - found drowned	
(AMINER: Te the certificate to the should by your files. age 3 should cremation, or	MEDICAL	CAUSE OF DEATH P.M. 4-27 1969 Undetermined - Tound drowned	
	W	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	County Stote
0 5 0 74	117		
ICAL I tor. Po ed far CTOR: burial	33	22a. I certify that I took charge of the remains described above, held an Autopsy 🔼 Inspection 🔼, Inquiry 🔍,	and in my apinian
please directo directo retained DIREC		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	1 wongrue
y, plery, plery, plery, plery, plery, plery, plery, plery, plery, prior,		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED
ory, any, be ERA		EYAMINER'S Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER X May 5	5, 1969
TO DEPUTY necessory, the funeral 5 may be TO FUNERAL Health pri		NAME (Type) 1109 Camden Ave., Salisbury, Md ADDRESS(Street, city, town, or county)	
07 = + 20 H	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town), (City or Town),	County) (Stote)
	24	Merial 17 - 1-61 James Suries Names	_ '
VR A15ME (5)		FUNERAL DIRECTOR ADDRESS ADD	

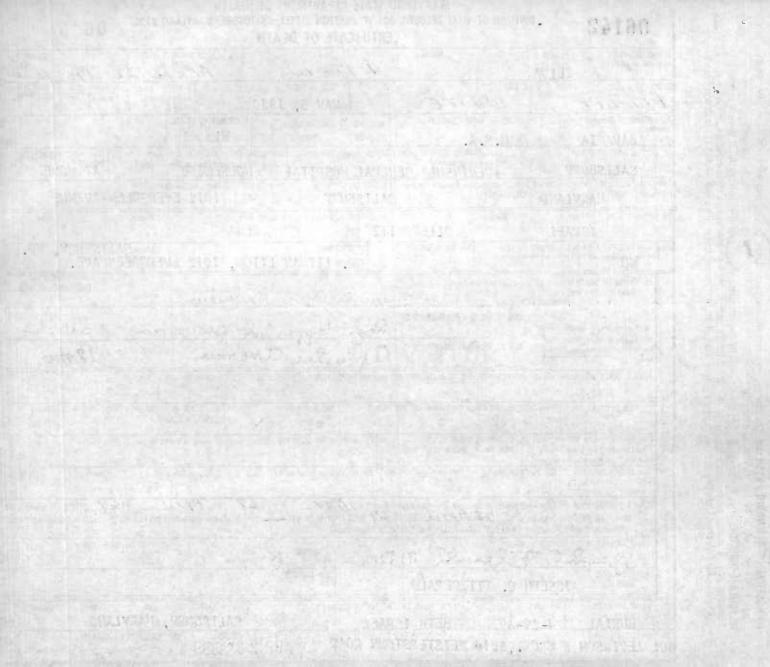
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tificate hysicia n pleos vol, and	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ROBERT KEMP PRINCESS ANNE, MD.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death etained by the hospital or attending physician. CTOR: After this certificate has been signed by the ottending physician and completely filled in by the functal should be detached for use as the burial-transit permit. Then please remove school papers. Regard and in the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 habs effer death	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. (c)
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The aff	₩ YES NO CAUSES OF DEATH?
ICIAN: The pitol or attificate ho defen use of Health	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLAUSE OF DRATH (If either, notify medical examiner) 216. TIME OF INJURY 217. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 217. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
DING PHYSICI by the hospit ffer this certif be detoched Stote Dept. of	21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
Poge 4 moy be retoined by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use os the should be filed with the Stote Dept. of Health prior to	22a. I certify that (I) (this haspital) attended the deceased fram 4-12, 1964, ta 4-15, 1966, that (I) [we) last saw the deceased alive an 19, and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did nat) view the bady after death.
AL OR ATTENI y be retoined L DIRECTOR: A age 3 should filed with the	22b. SIGNATURE LI SILILIE LE SIGNED DEGREE ATTENDING PHYS. DIRECTOR STAFF 22c. DATE SIGNED
ro Hospital Of Poge 4 moy be O FUNERAL DIR director, page 3 should be filed	NAME (Type) WILDUT ELLIS MediCAL CENTER SALISBURY, Md.
TO HC Poge TO FU direc	230. BURIAL (REMATION, BURNAL (AFLATION) 234. LOCATION (City or Town) PRINCESS ANNE, MD. (Stote)
VR A15 (4)	24. FUNERAL DIRECTOR LEVIN R. WILSON PRINCESS AND, ID. 250. REC'D BY REGISTRAR DAAPR 1 7 1969 Company of the property of the

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- 6	1		06142	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON S	TREET, BALTIMO	RE, MARYLAND 21201	06120
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	eral and leat	(Type ar print) ZEL:	DΑ	41700		APRIL 3	Year 2b. Hour
	fund 1 o	3. S		4. RACE	S. DATE OF		6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	offe ages	1	EMALE	WHITE		5. 1920	last birthday)	MONTHS DAYS HOURS MIN.
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	ille pa	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If nat in haspital	12a. USUAL OC	CUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	within 2 hely filler bon par within	L	SALISBURY	PENINSULA G	SENERAL HOSPI		working life, even if retired.)	INDUSTRY HOME
	executed within 24 haurs after death and campletely filled ja by the funeral remave carbon papers. Pages I and 2 nany event, within 2 haurs after death	odn	ission) STATE MARYLAN	ased lived, if institution: Residence befor \mathcal{D} 13b. COUNTY	SALISBURY	13d INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 1012 EVERGRE	EN AVENUE
	and creme	14.	FATHER'S NAME First	Middle Last		MAIDEN NAME First	Middle	Last
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	he death certification of the properties of the		IB. CAUSE OF DEATH (Enter of	anly one cause per line far (a), (b), and (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	equires physicio signed burial-tr burial, c		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDIT	TION GIVEN IN PART 1(a)	
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	AN: Il or cate ar u		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY O	CCURRED (Enter natu	re of injury in Part 1 ar Part 2,	Item 1B.)
	Pitte d fi	MEDICAL	(If either, notify medical exon	niner) P.M.	19			
	PHYS he has this ce etache	W	21d. INJURY OCCURRED 21d While Not while at wark	e. PLACE OF INJURY (AT HOME, FARM, STREET, DEFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Str	eet or R.F.D. No.	City or Tawn	Caunty State
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	ND ND ND ND ND ND ND ND ND ND ND ND ND N		saw the deceased	his hospital) attended the decea	_19 <u>69</u> , and that in (r	my) (our) o pinian	death accurred on the d	ate and haur and fram the
	Solution that the state of the			ve, (I) (we) (did) (did not) view th	e bady after death.			
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18.0 12.w		dmissian) STATE			Vicomico		Sal	isbury	YES NO K				, Rt. #7	
This certificate should be executed within 24 hours ofter death an icate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 be forwarded to the Chief Medical Examiner's Office along with form 1 be used as a burial-transit permit. File pages 1 and 2 with the State Depart removal, and in any event within 72 hours after death.	14. F	ATHER'S NAME	First John	W. ^	Middle Lc	lost		IS. MOTHER'S M	AIDEN NAME First Blanch		Middle	a	Robej	Ī
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e executed with and completely remove corbon any event, with	13a. adm	USUAL RESIDENCE (Where decedission) STATE Marylan	sed lived, if instit	ution: Residence before Wicomico	13c. CITY OR TO	OWN 13d. INSIDE CITY I	1.0.0	REET AND NUMBER Iston Swit	ch Road	
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rtiticote physicia en plea	160	(S na, or unknown) (II yes give	MED FORCES? wor or dotes of service)	232-12-238	0A Mrs	ORMANT (Wife) Maggie Mc	Daniel,	Address Parsonsb		•
equires that the deoth certificate be executed v physicion. signed by the attending physician ond complete burial-transit permit. Then please remove corburial, crematian, or remaval, and in any event,	THE STATE BOX	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMED 433	ED BY: IATE CAUSE (a) DUE TO, OR (b)	R AS A CONSEQUENCE OF	ett	irombose	i		APPROXIM. BETWEEN ON 7 da	ATE INTERVAL SET AND GEATH
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ATTENDING etoined by th CTOR: After th shauld be de vith the Stote	MEDICAL	OR CONTRIBUTING CAUSE OF OL. (If either, notify medical exam 21d. INJURY OCCURRED While Not while at wark 22a. I certify that (1) (1) saw the deceased a causes stated above 22b. SIGNATURE	HOUR A.M. P.M. P. PLACE OF INJURY this hospital) of alive you. Te, (II) (we) (did	Month Day Year 19 (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. 19 (did nat) view the l	d from	oth.	. City , ta inion death	ar Tawn 4/14/6919 occurred on the d	County	Stote (we) los nd from the
TO HOSPITAL OR Poge 4 may be ra TO FUNERAL DIRE director, page 3 should be filed w	23a.	22d. PHYSICIAN'S NAME (Type) Dr. A		attax Polin		22e. ADDRESS		Salisbur	ril <u>/5/</u> y, Maryl	
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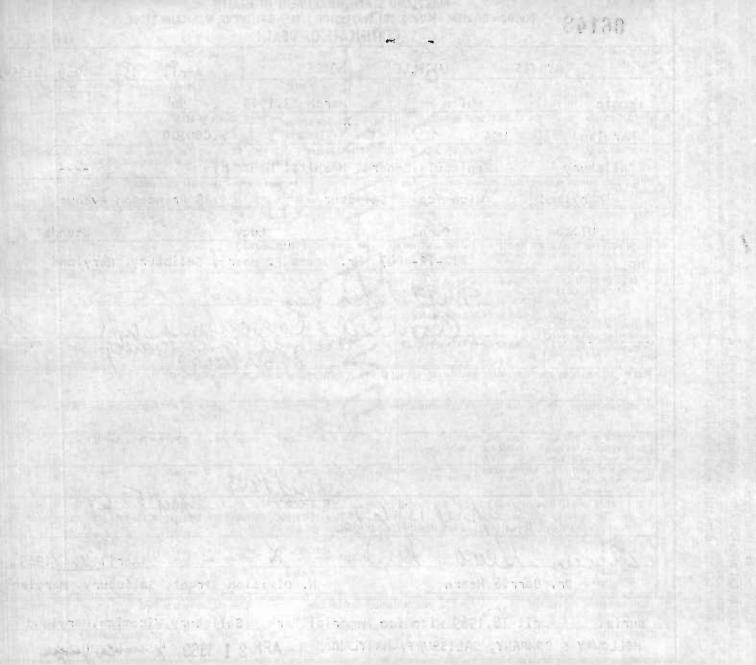
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME ond 2 deoth. Middle Last 2n DATE OF DEATH 2b. HOUR 24 hours after deoth ottending physicion and completely filled in by the funeral permit. Then please remove carbon papers. Pages I and on, or removol, and in any event, within 72 trains after deat (Type ar print) Month EDWARD MARVIN 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. (Stairthday) DAYS HOURS Male White June 22, 1886 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED "Maryland U.S.A. WIDOWED [DIVORCED | WICOMICO buriol, cremation, or removol, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within Peninsula during mast of working life, even if retired.) Building Salisbury Gen. Hosp. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed ddmission) SIATE Maryland Worcester YES . NO T Market Street, Ext. Pocomoke 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Last Middle Last Fillmore Edward Merrill Harriett Elizabeth Clarke 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 218-16-8031 Mrs Julia Merrill, Pocomoke, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave TO FUNERAL DIRECTOR: After this certificate has been signed by the director page 3 should be detached for use as the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detoched for use as the State Dept. af Heolth prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street at R.F.D. Na. City or Town State Caunty While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 4 director, page 3 should be should be filed with the Stat and that in (my) (aur) opinian death occurred on the date and hour and from the saw the deceased alive on. couses stoted obave, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY X CONTRACTOR 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City ar Tawn) (County) (State) Buriagiv) First Baptist Pocomoke-Worcester-Md. 4-14-1969 FONERAL DIRECTOR ADDRESS 2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Melanles Pocomoke. Md.

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-		MARYLAND STATE DEPARTMENT OF HEALTH
6	15.0	11614 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	-	Item? FilmG411 4/15/69 kk CERTIFICATE OF DEATH 06143
	F 7 F	1. DECEASED-NAME First Middle Last 2a, DATE OF DEATH 12b HOUR.
	de a de	(Type or print) Toh M Fuil My Far ARO Month Doy Year a 7/38 M
	THE RESERVE AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN T	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 1 if UNDER 1 YEAR 1 if UNDER 24 HRS
	s affer rs affer rs affer	3. SEX 4. RACE 4. RACE 5. DATE OF BIRTH MARCH 4. 1899 6. AGE (In years 12 UNDER 1 YEAR 15 UNDER 24 HRS 16 UND
	haurs of the by the second haurs	70. BIRTHRIACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED ■ NEVER MARRIED 9. COUNTY OF DEATH
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	and campletely filled in by tremaye carbon papers. Pa	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital like the street address) 120. USUAL OCCUPATION (Kind of work done like the street address)
	with with with	Salisbury give street address) Peninsula General during most of working life, even if retired.) INDUSTRY
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	ave de la company	del dussel delmos is well to
	cion and condition and conditi	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
	De de la company	alvin Miller Hellon Fonsch
	t the death certificate b the attending physician sit permit. Then please nation, or removal, andsi	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dotes of sorvice) Address
	ohys en p	16.3-03-9703 anna 2 Theles Solmes Del
	eath certifi ending phy nit. Then or remova	1B. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIMATE UNITERVAL BETWEEN ONSET AND DEATH
	ndii nit.	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ven Luculler A Seys foll-
	atte	4/24 DUE TO, OR AS A CONSEQUENCE OF
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	The law requires that the death certificate be attending physician. has been signed by the attending physician ages as the burial-transit permit. Then please it the prior ta burial, crematian, or removal, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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	ATT tain tain that	22b. SIGNATURE 22c. DATE SIGNED
	OR /	Lower College Phys. Director Director Phys. Director Dire
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior ta	NAME (Type) Medical Carlos Solutory Mil
	HO FUN rect	230. BURIAL, CREMATION, 23b. DAJE 23c. NAME OF CEMETERY OR CREMATORY 23d. TOCATION (City, or Town) (County) (State)
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	Š	00140		ERTIFICATE OF DEATH		06144
		ECEASED-NAME First Type or print) MYR	RTIS LUCILLE	Last MOOR E	2a. DATE OF DEATH April 15	Year 1969 10:25/P
	3. S		4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	7-	Female	White	March 23,1913		
	cau	BIRTHPLACE (State or foreign ntry) Maryland	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	O. COUNTY OF DEATH WICOMICO	Md
)		CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL OR INSTI give street address) Peninsula Ger	neral Hospita during mo	L OCCUPATION (Kind of work dane st of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	13a. adm	USUAL RESIDENCE (Where deceasission) STATE Marylanc	d libed, if institution: Residence before	Salisbury 13d. INSIDE CITY LIM	ITS? 13e. STREET AND NUMBER	Avenue
	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME Fir		Last
		Ul 1man	0wens	Luc		Bounds
	160	. WAS DECEASED EVER IN U.S. ARM Yes, na, arunknawn) (If yes give w	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY NO 212-12-304		d) Dore, Salisbury,	Maryland APPROXIMATE INTERVAL
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COM	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) INDITIONS CONTRIBUTING TO DEATH BUT NOT			7
,	CERTIFICATION		. CONDITION FOR WHICH OPERATION WAS PERF	YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
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	W	While at wark 22a. I certify that (1) (the saw the deceased of	nis haspital) attended the deceased blive on 19 (did not) view the bo	fram 19 19 19 19 dy after death.	D STAFF 22c. Di	Caunty State 7, that (I) (we) last e ond hour and fram the
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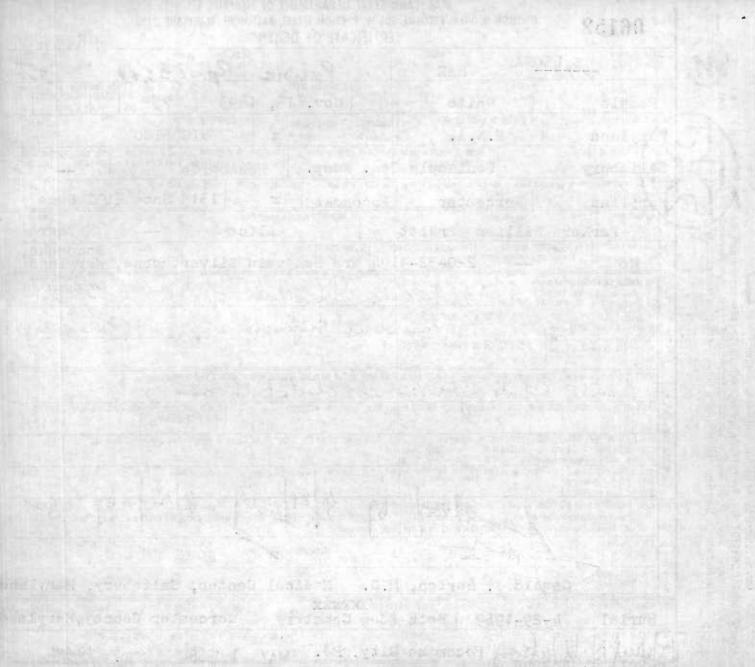


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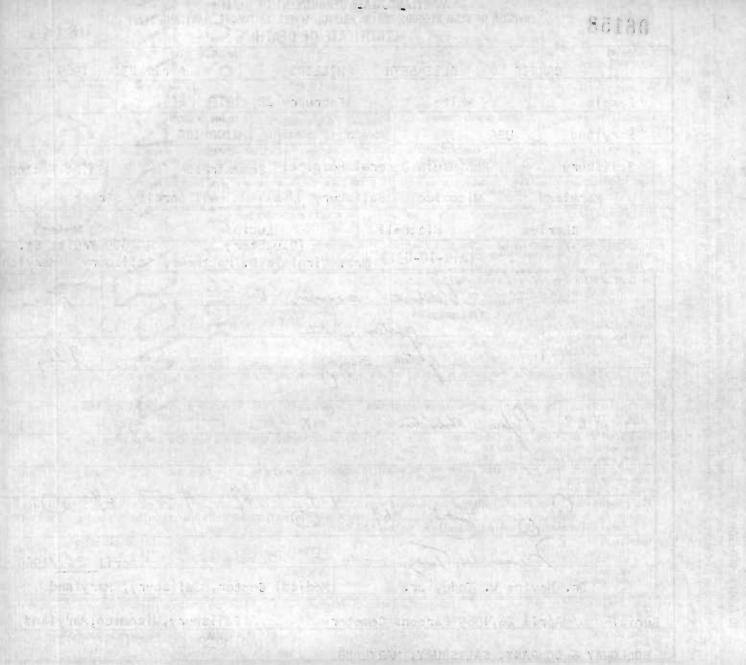
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-			06150	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	06146
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	of ses		Male.	Caucasian		lost birthday) M	ONTHS DAYS HOURS MIN
	La Cara	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
	nin 24 hours ofter death. filled in by the funeral popers. Pages 1 and 2 thin 2 hours after death.	cou	ntry) Para 10		8. MARRIED NEVER MARRIED WIDOWED DIVORCED	1.1.	
AL DES	e executed within 24 and completely filled remove corbon paper n ony event, within 77	10	CITY OR TOWN OF DEATH	U.S.A.		AL OCCUPATION (Kind of work done	oxnty Md.
	量更過の	10.	5.1.1	give street oddress)	Comics Nacy Home during m	ost of working life, even il retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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	ted open	odm	ission) STATE (Where deceos	ed lived, if institution: Residence before		MITS? 13e. STREET AND NUMBER	
	con con		MU.	13b. COUNTAROLINE	1111101	NA	
	ond rem	14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F		Lost
	e be		EDWAKD	NARRIZON		A (UNK	Nown
	5 5 5	160	. WAS DECEASED EVER IN U.S. ARM (es, no. or unknown) (If yes give w	or or dates of canaca)		Address	
	playsicium nen please novol, and i		YES W	or or dates of service) 218-05-	8270 MRS. HELEN PA	PROTT, SERFORD,	DEL
	e Fee		1B. CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	attending permit.		PART I. DEATH WAS CAUSED	O BY: ITE CAUSE (a) Phec	monia		
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	ral all all all all all all all all all	-6	22d PHYSICIAN'S NAME (Type)		22e. ADDRESS		
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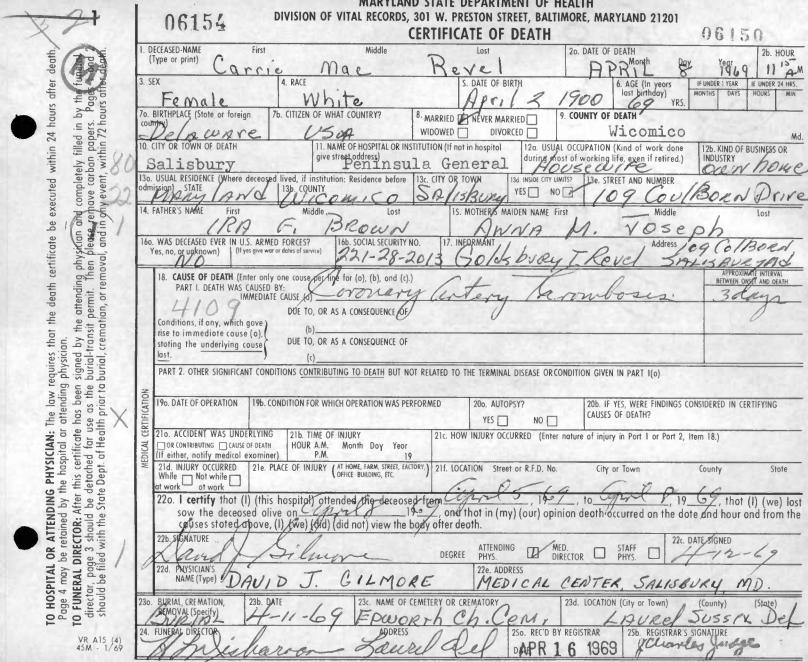
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				YLAND STATE DEPART						
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3	130. odmi M	USUAL RESIDENCE (Where deceor ssion) STATE aryland	sed lived, if institution: Residence	Pocomoke	13d INSIDE CITY LIMITS? YES NO		Hill Lane			
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	16o. Y	WAS DECEASED EVER IN U.S. ARI		CURITY NO. 17. INFORMANT 2-9194 Mrs Be	eniamin	Address Silverthorne	Pocomoke, Maryland			
1		1B. CAUSE OF DEATH (Enter on	nly one couse per Jine for (o), (b),			` ` ` `	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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۱	RTIFE			YES [CAUSES OF DEATH?				
1		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT	NG 21b. TIME OF INJURY TH HOUR A.M. Month Doy	Year 21c. HOW INJURY (OCCURRED (Enter not	ture of injury in Port 1 or Port 2,	Item 1B.)			
	MEDICAL	(If either, notify medical exami	ner) P.M.	19		3 FLOWER ST				
			PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING,		reet or R.F.D. No.	City or Town	County State			
		22a cortify that (1) (th	is hospital) attended the	lange of from	2 10 6	to 1/2/2/2010	G short W / ZI			
		saw the deceased a	live an	19 0 and that in (my) (bur) opinia	death accurred on the d	that (I) (we) last ate and have and from the			
		causes stated above	e M (we) [did (did hat) vie	w the bady after death.	17					
		22b. SIGNATURE	145	DECREE ATTEN	DING MED.	TOR STAFF 22c.	DATE SIGNED			
1		22d. PHYSICIAN'S	1	DEGREE PHYS.	DDRESS	TOR L PHYS. L				
			ald J. Burto			enter, Salisb	oury, Marylan			
-	23o.	BURIAL, CREMATION, 23b.	DATE 23c. N	AME OF CEMETERYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	23	3d. LOCATION (City or Town)	(County) (Stote)			
		BUYAL (Serity) 4-		th Eden Ceme			unty, Marylan			
ĺ	Anna	SUNERAL DIRECTOR	1	DDRESS	2So. REC'D BY RE					
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	e executed within 24 haurs a and campletely filled in by the remaye carban papers. Page n any event, within 72 haurs	80		Salisbury		11. NAME OF HOSPITAL OF give street address Peninsula	Genera	1 Hospit	a during mast of Seams	CUPATION (F f working lif stress	(ind of wark dane e, even if retired.)	12b. KIND OF B INDUSTRY Shirt	SUSINESS OR Factory
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4	and The			18. CAUSE OF DEATH (Enter a	nly one cause p	per line far (a) (b), and	(c).)		7.00			APPROXIM. BETWEEN ON	ATE INTERVAL SET AND DEATH
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	quires tha physician. signed by burial-tran		- 1	PART 2. OTHER SIGNIFICANT CO			-	D TO THE TERMINA	AL DISEASE OR CONDI	TION GIVEN I	N PART I(o)		1
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	by by Star	17		22a. I certify that (1) (th	nis hospital)	attended the dece	ased from	4-7-	, 19	, ta	~ ~ 19 <u>6</u>	2/, that	(I) (we) last
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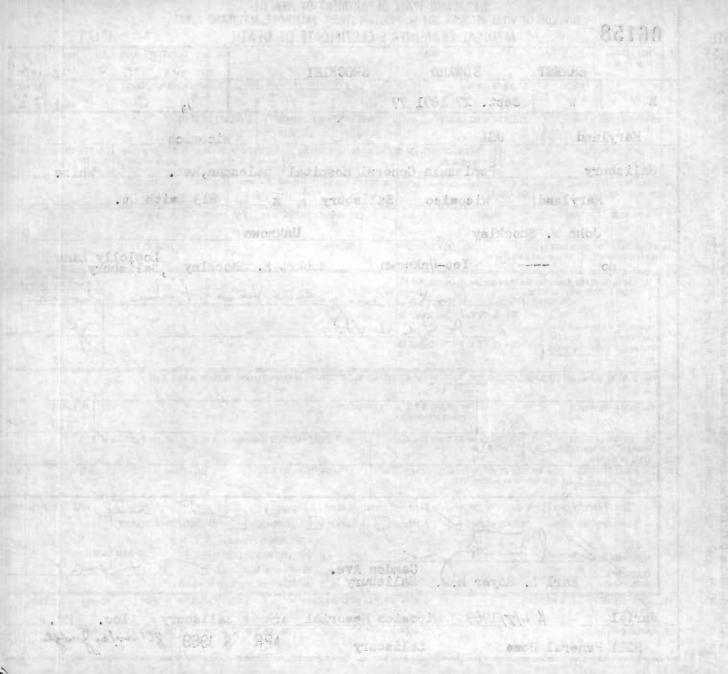
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A THE	the attending physician and co sit permit. Then please rema natian, ar remaval, and in any		(es, no Munknown) (If yes give war or dates of service) 179-12-2583A France Schoolfield Pocomoke, Md.
e e	ling Thr		1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
dea	priysteden. signed by the attend burial-transit permit. burial, cremation, ar		1911 O IMMEDIATE CAUSE (0) Cene Qual / Mom besis
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ires	signed by the burial-transit to burial, cremati		lost. (c)
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IAN:	ficate for Hea		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 12 c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)
rsic	certi hed it. af	MEDICAL	(If either, notify medicol exominer) P.M. 19 21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
H d	RAL DIRECTOR: After this certificate hay page 3 should be detached far use be filed with the State Dept. af Health I		ot work U ot work U
ONIC	oy of the Stat		22a. I certify that # (this haspital) attended the deceased fram 4-6-, 1962, ta 4-11, 1962, that (I) (we) last saw the deceased alive an 4-10, 1962, and that in (my) (our) apinian death accurred an the date and haur and fram the
TEN	OR: /		causes stated aboye, (I) (we) (did) (did nat) view the bady after death.
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0 7	filed filed		22d. PHYSICIAN'S
SPIT	ruge 4 may ro FUNERAL director, pag shauld be fi		NAME (Type) / Medical Cander Salebery Mil
HO	o FUNER, director, shauld b	230	BORIAL, CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 (DOCATION (City or Town) (County) (State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06154 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. First Middle 1. DECEASED-NAME Lost 20. DATE KNOWN Day Yeor 2b. HOUR (Type or Print) OF ESTI-DEATH MATED 1:50% Poge ERNEST 0 of **EDWARD** SHOCKLEY deloy and 3 1F UNDER 24 HRS. 6. AGE (In years 3. SEX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOLINCED DEAD 2d. HOUR ond M##Bd PM3 Day Year M W Sept. 27 1891 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED De form Maryland WIDOWED [DIVORCED USA Wicomico Item 18. Give Pages and 2 with the Stote 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done ofter deoth 12b. KIND OF BUSINESS OR Office along with during most of working life, even if retired.)
Salesman Ret give street oddress)
Peninsula General Hospital INDUSTRY Salisbury Whlse 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13b. COUNTY Wicomico 813 Smith St. Salisbury YES NO ofter IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Middle John W. Shockley Unknown pencil in 4 should be forworded to the Chief Medical Examiner's Poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** within (Yes, no, or unknown) Loblolly Lane Yes-Unknown no _= APPROXIMATE INTERVAL This certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) event within permit. TWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony which gove rise to immediate couse (a), ony writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) SD removol, CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [NO L be 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 should MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING EXAMINER: cremation. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE pleose execute AT WORK burial 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection -Inquiry and in my apinian death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE O DEPUT Camden Ave. DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy 5 moy ro FUNE Health Salisbury Earl L. Royer M.D NAME (Type) ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. 23b. DATE (County) (Stote) REMOVAL (Specify) 4/7/1969 Wicomico Memorial Park Salisbury Wico. APR. 8 19 24. FUNERAL DIRECTOR ADDRESS Salisbury VR A15ME (5) Hill Funeral Home 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



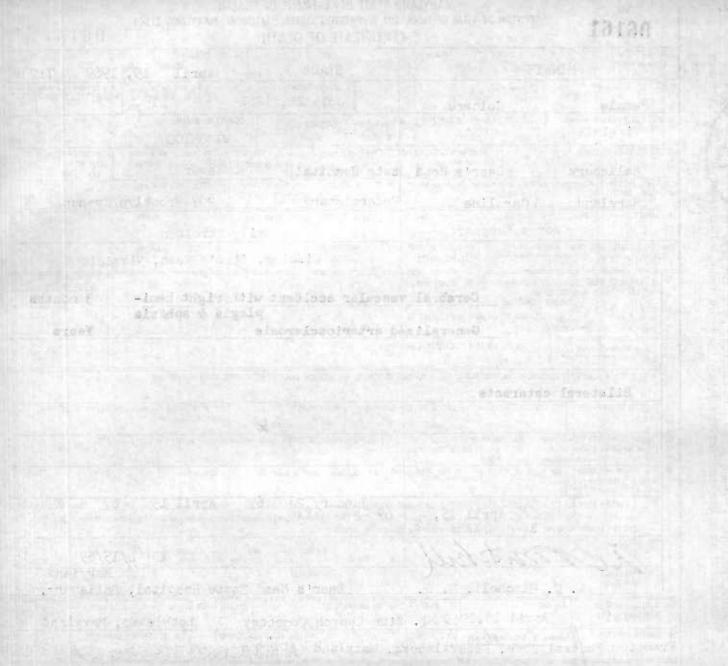
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06155 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN Month 2b. HOUR Doy Yeor (Type or Print) OF ESTI-DEATH MATED 2, and 3 ta PM3. Page Luther (None) 4-27-69 10 Shores 11:55M IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOLINCED DEAD 2d. HOUR White Aug. 15. 1885 19 69 11:55M Male 7o. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH with farm TISA WIDOWED DIVORCED Wicomico 24 hayrs after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR gipster 1 ddesula Gen. Hosp. during most of working life, even if retired.) Pishing Salisbury 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Md. 13b. COUNTY Wicomico Salisbury <u>∞</u> YES NO 631 E. Church Street pages land2 pencil in Item 14. FATHER'S NAME Last 15 MOTHER'S MAIDEN NAME First Middle Humphrey Shores Mary Watson 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS certificate shauld be executed within (Yes, na, ar unknown) (If yes give war or dates of service) Mrs. Minnie Shores Same as File APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia days DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave rise to immediate cause (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Fractured left hip 19b. CONDITION FOR WHICH OPERATION 19g. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO X pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING Fell at home. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town 21d. INJURY OCCURRED County Stote factory, affice building, etc.) WHILE AT WORK AT WORK 681 E. Church St., Salisbury, Wic., Md. 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X Inquiry X. and in my apinian death resulted frage. Natural carges , Accident K, Suicide , Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL the funeral of may be re to FUNERAL I 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER L. Royer, April 28, 1969 DEPUTY MEDICAL EXAMINER Camden Ave., Salisbury, Md. ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Mavl. 1969 Shores Cemetery Dames Quarter Somerset Md 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1969 VR A15ME (5) Wallace, Salisbury, Md.

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and			First IlliAN		Middle W-		Short	20.	DATE OF DEATH Manth	Day	Year 69	2b. HOUR
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Que Con		RAL DIRECTOR OLLOWAY &	COMPA	NY, SA	ADDRESS LISBURY,			PR 2 1		EGISTRAR'S S	SIGNATURE	se :

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MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06158 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month Day 2b. HOUR Year (Type or Print) ESTI-SMITH 4/14 2, and 3 to PM3. Page HARVEY **EDWARD** 9:15 M a DEATH MATED Department 4. RACE S. DATE OF BIRTH 6. AGE fin years IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR White 1069 Ma le Appent 1 1 Lay 9:15! March 19,1917 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office alang with farm WICOMICO Pennsylvania WIDOWED [DIVORCED [USA State Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Peninsula General Hospital during most of working life, even if retired.)

Laborer - Attendant Serv. Station the Salisbury with 1 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY Wicomico 810 E. Church Street Salisbury YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle Prettyman Ida Gertrude Smith the certificate, writing the ward "pending" in psactivin 4 should be farwarded to the Chief Medical Examiner's Van haurs podes ADDRESS 148 Davis Street 17. INFORMANT (Wife) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. be executed within (Yes, na, ar unknawn)
Yes Mrs. Kathleen M. Smith, Salisbury, Maryland 220-10-9972 event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured cervical spine sudden DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a). dny certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) remaval, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO K pe 10 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING crematian, Pedestrian struck by automobile. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, factory office building etc.) 21f. LOCATION Street or R.F.D. No. County Wic . State 21d. INJURY OCCURRED City or Town WHILE AT WORK AT WORK Snow Hill Rd. & Locust St., Salisbury, Md. the funeral director. Page burial, far 220. I certify that stoak charge of the remains described above, held an Autapsy ... Inspection X. Inquiry X and in my opinion death resulted from: Notural cooses Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE April 17 /1969 Earl L. Royer, DEPUTY MEDICAL EXAMINER X 5 may to FONER Health EXAMINER'S Earl L. Royer, M.D.
409 Camden Ave., Salisbury, Maryland DRESS(Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) April 17,1969 Wicomico Memorial Park Salisbury, Wicomico, Maryland Buria1 25d. REC'D BY REGISTRAR DATE PR 1 8 19 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY, SALISBURY, MARYLAND 1969 Milesulas Judge VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MAKTLAND STATE DEPARTMENT OF HEALTH

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fur fur ter	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
of all	Male	White	July 12, 1915	53 birthday) YRS.	MONTHS DAYS HOURS MIN
hoose 2 hour		7b. CITIZEN OF WHAT COUNTRY?		. COUNTY OF DEATH	
d in decis	(country) Maryland	USA	WIDOWED DIVORCED	Wicomico	Md.
within 24 hours after death. By filled in 57 the funeral oon popers. Perjes 1 and 2 within 72 hours after death.	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street address) Peninsu	STITUTION (If not in hospital 12a. USUA)	L OCCUPATION (Kind of work done st of working life, even if retired.)	12b. KIND OF RUSINESS OR
with or boy	Salisbury	Peninsu d lived, if institution: Residence before	la General Car	enter	Boat Building
e executed within 24 ond completely filled Tempore corbon pope n gry event, within 7.	odmission) STATE Maryland	3b. COUNTY Somer set	Crisfield YES NO		
Series ex	14. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME Fir		Lost
cian ond cease exe	Gordon	R. Sterli	ng Mar	y -	Tyler
	16a. WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) (If yes give way YES	D FORCES? 16b. SOCIAL SECURITY 217-05-50		Address Sterling, Same	as 13. abcde
cer The mo	IB. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death certific physicion. signed by the ottending phys burial-transit permit. Then pl burial, cremation, or removal,	PART I. DEATH WAS CAUSED	BY: Scharr	1 1	orrhoge	BETWIN GROFT AND DEATH
e of pel	Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF			
ot the nsit p	rise to immediate cause (a), ((b)			
quires that thy physicion. signed by the burial-transit burial, cremat	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
uire hysi gne urio		(C)	OT RELATED TO THE TERMINAL DISEASE OR CO	MIDITION CIVEN IN DADT 1/a)	
req n si n si e bi		THOME CONTRIDENT TO SEATH BOT IN	OF ALLAND TO THE TERMINAL DISEASE OF CO.	MUTTON GIVEN IN PART I(U)	
AN: The law re ol or ottending icote hos been for use as the Health prior to	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING
The offe of hos	3		YES NO	CAUSES OF DEATH?	
or or us		2.0	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 1B.)
ICIA) pitol pitol rtifico ed fo of Ho	OR CONTRIBUTING CAUSE OF DEATH				
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by le 3 should be detached for use as the burial-traed with the State Dept. of Health prior to burial, cre	While Nat while	LACE OF INJURY (AT HOME, FARM, STREET, EAR OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
by th tfter ti tfter ti State	di waik di waik	the decease	od from ADril 3 196	1, to April 4, 19	69 , that (I) (100) last
ed b ed b R: Aft lid b he St	sow the deceased oli	the pital) attended the decease ve on (I) (ma) (did) (did not) view the	967, and that in (my) (wer) opin	ion death accurred on the do	ate and hour and from the
ATTENE etained CTOR: A should vith the	22b. SIGNATURE	(i) (am) (all) view the		220	DATE SIGNED
OR / be re be re OIREC	Thou	as C. Hill	DEGREE PHYS.	D. STAFF DHYS.	4-4-69
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to	22d. PHYSICIAN'S NAME (Type) Thomas	C. Hill, Jr.	22e ADDRESS Pivile Blu	Il Road SALL	SBURY, Md
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VR A15 (4)	24. FUNERAL DIRECTOR	ADDRESS Crisfield, Md. 21	S17 ZSo. APR	REGISTRAR 1969 25b. REGISTRAR'S	SIGNATURE
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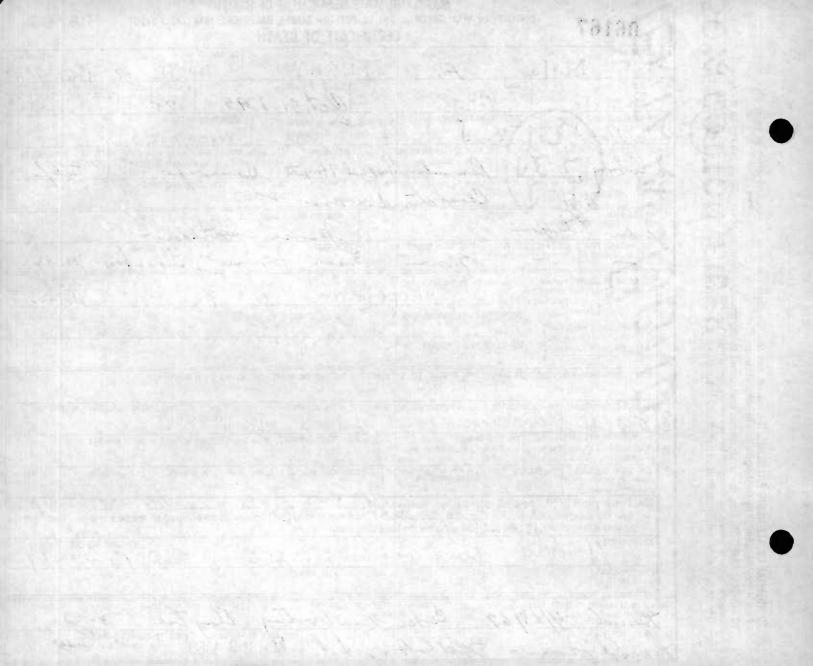
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	ED-NAME or print)	First		Middle	- 1	Lost		2o. DATE	OF DEATH		, J	2b. HOUR
	or pittity	JESS		ESTA		/LOR			April	30	1969	8:55F
3. SEX		964	4. RACE			DATE OF E		00	6. AGE (In ye	ors		E UNDER 24 HRS. HOURS MIN
2 01071	Female			ite			1, 19		last birthday	YRS.		
country)	PLACE (State or for aryland		USA.		8. MARRIED X	DIVO	ORCED 🗌		ICOMICO	3/19		Md
S	alisbury		give str Pen	NE OF HOSPITAL OR IN: eet oddress) insula Ge	neral Ho	spit	120. USU during m Re	al OCCUPATI ost of worki tired	ON (Kind of working life even if re Sales lac	done tired.)	12b. KIND OF BL INDUSTRY Dept • S	tore
odmission	STATE Mar	e deceosed y land		n: Residence before	Salisbu		13d. INSIDE CITY L	IMITS? 13e.	STREET AND NUM 208 Sara	BER	Street	
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IL CERTIFICATION	ACCIDENT WAS UN		21b. TIME OF 1 HOUR A.M.	NJURY Month Doy Yeor	21c. HOW 1	YES []	ISES OF DEATH?	Port 2, It	rem 18.)	
OF 21d	INJURY OCCURRED Not while	exominer)	P.M.	T HOME, FARM, STREET, FAC FFICE BUILDING, ETC.	TORY.) 21f. LOCATI	ION Stre	et or R.F.D. No		ity or Town		County	Stote
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	SIGNATURE	ul	1 /2	Wille	DEGREE	ATTENDI PHYS.	/V D	MED. DIRECTOR [STAFF PHYS.	22c. Di May	ATE SIGNED 196	59
22d.	PHYSICIAN'S NAME (Type) Dr	. E.	M. Beard	sley /		Mary		venue	, Salisb	ury,	Marylar	nd
23o. BUR REM Bu	IAL, CREMATION, OVAL (Specify) If 1 a 1	23b. DAT	3, 1969		EMETERY OR CREATE		Park	Sali	Sbury, Wi		(County)	(Stote) / land
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061	CC DIVISIO	ON OF VITAL RECORDS.	D STATE DEPARTMENT OF 301 W. PRESTON STREET, BAI	HEALTH TIMORE, MARYLAND 2120	1 00100	
00.1	00		ERTIFICATE OF DEATH		00105	
1. DECEASED-NAME (Type or print)	First OSCAR	Middle CLEVELAND	Lost	20. DATE OF DEATH Month April	Day Year	HOUR
3. SEX	4. RACE		TAYLOR Is, DATE OF BIRTH	April 6. AGE (In years		40A
Male	4. KACL	White	September	20 1995 lastobisthday)	MONTHS DAYS HOURS	
7a. BIRTHPLACE (Stot country) Penn:		N OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	710.	
10. CITY OR TOWN O		11. NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 12a IIS	UAL OCCUPATION (Kind of work d	one 12b. KIND OF BUSINES	SS OR
	bury	Peninsula Ge	neral Hospital during	abinet maker it retire	Lumber Co	
	(Where deceosed lived, if lary land 13b. CC	institution: Residence before DUNTY Wicomico	13c. CITY OR TOWN 13d INSIDE CITY	NO 13e. STREET AND NUMBER	R	
14. FATHER'S NAME		Middle Last	IS. MOTHER'S MAIDEN NAME		e Lost	
		ott Taylor		nces	Bartters	son
Yes, na, or unknov	VER IN U.S. ARMED FORCES n) (If yes give wor or dotes of so		(11.10)	Taylor, Salisbu		
18. CAUSE OF PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e per line for (a), (b), ond (c).) a) CO, OR AS A CONSEQUENCE OF	1) 1111	mi	APPROXIMATE INTER BETWEEN ONSET AND	OEATH P
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last.	lenying couse	(c)		Scleron	ar his	green.
- /	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(a)		
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₹ DOR CONTRIBUTIN	WAS UNDERLYING 21b. G CAUSE OF OEATH HOU medical examiner)	TIME OF INJURY R A.M. Manth Day Year P.M. 19	21c. HOW INJURY OCCURRED (Ent	ter nature af injury in Part 1 or Pol	rt 2, Item 18.)	
21d. INJURY OO While Not at wark at v	vhile 🗍	NJURY (AT HOME, FARM, STREET, EACH OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D. N	a. City ar Tawn	Caunty	State
sow the	deceased alive on	ol) attended the deceose (did) (did not) view the b	and that in (my) (out of	pinion death occurred on the		ve) los am the
22b. SIGNATURE	HA	2	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED April 2 /1	1969
22d. PHYSICIAN NAME (Typ	1	Burton	22e. ADDRESS Salisbur	y, Maryland		
23a. BURIAL, CREMAT			EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote	,
REMOVAL (Speci Bur 1 a 24. FUNERAL DIRECTO		, 1969 Wicomic	o Memorial Park	Salisbury, Wic	omico, Maryla	and
		Y. SALISBURY.			AR'S SIGNATURE	

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11	1	MAKYLAND STATE DEPARTMENT OF HEALTH
7		06167 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06163
		CERTIFICATE OF DEATH
년 <u>'</u> 성년		DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
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fund 1 of 1	3. 9	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 1 IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
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physician ond completely filled in by the funeral no please remove corban papers. Poges 1 and 2 oval, and in ony event within Pareus after death.	1D.	III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
or b	130	. USUAL RESIDENCI (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed be retained by the hospital or ottending physician. JIRECTOR: After this certificate has been signed by the attending physician and complete 3 should be detached for use os the burial-transit permit. Then please remove coned with the State Dept. of Health prior to burial, cremation, or removal, and in any event.		nission) STATE 7. 136. COUNTY Closes etc. & seems YES INO [
S conditions	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
te b ase ase	160	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT,
ificol nysic ple al, a		Yes, no, or unknown) (If yes give wor or dates of service) (If yes give wor or dates of service) Therefore Therefore The Service of the ser
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ding rear		10. CAOSE OF DEATH (Lines only one coose per line for (0), (b), one (c).)
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t the the most		Conditions, if only, which gove rise to immediate couse (a), (b)
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equires that the deoth co physician. signed by the attending burial-tronsit permit. The burial, cremotion, or rem		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o)
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AN: The law re of or othending icate has been for use os the Health prior to	CERTIFICATION	5-3-65 CARCINOMA MARCKETAS. YES NO DE CAUSES OF DEATH?
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or otherding physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creasing the state of the state o		While Not while of work Not work
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Will Service		22b. SIGNATURE STAFF 22c. DATE SIGNED NED. DIRECTOR DIRECTOR PHYS. 19 CK 69
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Moy SAL Po		22d. PHYSICIAN'S NAME (Type)
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. HO Ho	230	BENDOVAL (Specific) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5- 5	24	1. Surial 7/20/6/ Willer Mies Courted Claylore A. S.
VR A15 (4)	24.	FUNERAL DIRECTOR ADDRESS ADDRESS DAR PR 2 3 1969 25b. REGISTRAR'S SIGNATURE DAR PR 2 3 1969
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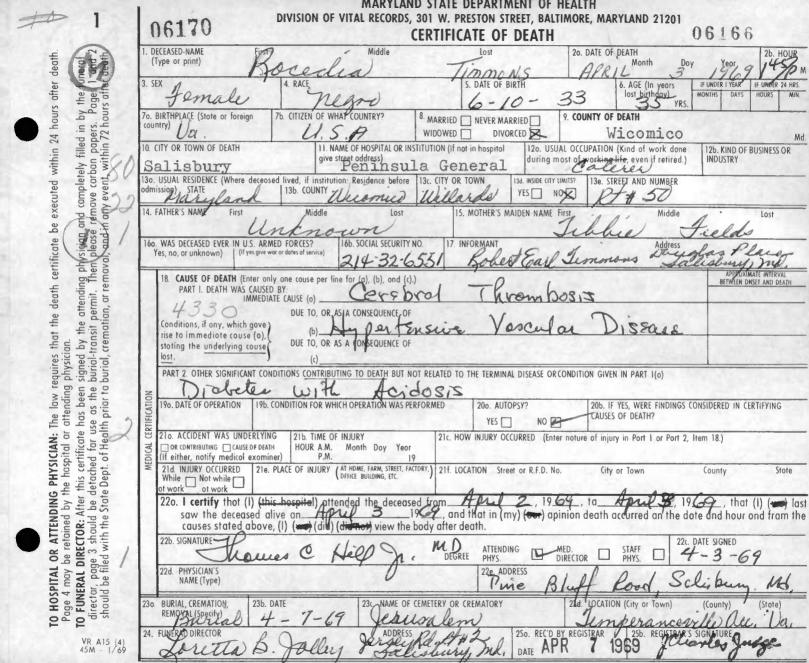
		06168	DIVISION OF VITAL RECORDS,	301 W. PRESTO CERTIFICATE		MORE, MARYLAND 212		6164	
		CEASED-NAME First			ost	20. DATE OF DEATH			2b. HOUR
		Virg:		Thoma		Month	189	1969	М
	3. SE	Female	4. RACE White		TE OF BIRTH 2,1882	6. AGE (In year last birthday	YRS. IF U		F UNDER 24 HRS. HOURS MIN
	7a. E	IRTHPLACE (Stote or foreign try) W. Va.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEV	DIVORCED	9. COUNTY OF DEATH Wicomico			Md.
ĺ		TY OR TOWN OF DEATH		STITUTION (If not in ho		L OCCUPATION (Kind of wark ist of working life, even if ret		2b. KIND OF BU	ISINESS OR OME
	13o. admi	USUAL RESIDENCE (Where deceor ssion) STATE Maryland	sed lived, if institution: Residence before 13b. COUNTY WICOMICO	13c. CITY OR TOWN Salisbur				la St.	,
	14. F	ATHER'S NAME First Henry	Middle Last Clay Hende	rson		rst Mic oline	ddle	Snod	last grass
		WAS DECEASED EVER IN U.S. AR/ es, no, or unknown) (If yes give v	MED FORCES? wor or dates of service) 16b. SOCIAL SECURITY 220-01-88	NO. 17. INFORM 58 Mrs.	John Lang	eler, See Sec	ress #13		
		18. CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE IMMEDI.	nly one couse per line for (a), (b), and (c) D BY: ATE CAUSE (a)		elas res	al desir	rse	APPROXIMAT BETWEEN ONSE	TE INTERVAL T ANO DEATH
		Canditians, if any, which gave:	DUE TO, OR AS A CONSEQUENCE OF			celerosis			
1		rise to immediate couse (a), stating the underlying couse lost.		72(
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DISEASE ORCC	ONDITION GIVEN IN PART 1(a)			
	CERTIFICATION	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		a. AUTOPSY? YES NO 🔀	20b. IF YES, WERE FINE CAUSES OF DEATH?	DINGS CONSI	DERED IN CERT	TIFYING
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CAUSE OF DEA' (If either, notify medical exami	TH HOUR A.M. Month Day Yeor (ner) P.M.	9		nature of injury in Part 1 or 1	Part 2, Item	18.)	
		at work at work	. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	/	/	12/4	, ,	aunty	Stote
		22a. I certify that (I) (the saw the deceosed of couses stated above	nis haspital) attended the deceas blive on e, (I) (we) (did) (did not) view the	ed from 19 6 1, and that body ofter death.	in (my) (our) opir	o 7, ta 100 points	the date of	/ , that (1 and hour an	l) (we) last ad from the
		22b. SIGNATURE	24 Tusley	DEGREE F	ATTENDING MI	ED. STAFF PHYS.	22c. DATE		
			nilip A. Insley MB			ury, Maryland			
		REMOVAL (Specify) Burial 4-	-18-1969 Parsons	CEMETERY OR CREMA	7	23d. LOCATION (City or Town	Wicon	nico. M	(Stote)
	24.	FUNERAL DIRECTOR Hill Funeral	ADDRESS	Maryland	2So. REC'D BY	2 1 1969 25b. REGI	STRAR'S SIGN	NATURE	e :

MARYLAND STATE DEPARTMENT OF HEALTH

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I	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 tems 586 Film GL12 5/7/69 kk CERTIFICATE OF DEATH	06165
	DECEASED-NAME (Type or print) GEORGIA ANNA TIGHMAN April 19, 10 SEX 4. RACE S. DATE OF DEATH Month April 19, 10 6. AGE (In years IF UND	2b. HOUR 969 2:00A N DER 1 YEAR IF UNDER 24 HRS.
1	Female Colored //12/1890 last birthday) YRS. MONTHS	S OAYS HOURS MIN
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED WICOMICO	Md
10.	CITY OR TOWN OF DEATH Salisbury II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work in life, even if retired.) Deer's Head State Hospital	. KIND OF BUSINESS OR DUSTRY
ad	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before nission) STATE 13th COUNTY /Somerset 13th COUNTY Anne 13dd INSIDE CITY LIMITS? YES NO 13dd INSIDE CITY LIMITS? YES NO 13dd INSIDE CITY LIMITS? YES NO 13dd INSIDE CITY LIMITS?	
14	FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle	Last
16	1. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknawn) (If yes give war or dates of service) (If ye	
	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	IMMEDIATE CAUSE (a) Recurrent cerebral thrombosis DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate couse (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	3 days Years
CFRTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?	
MFDICAL CF	OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M.	8.)
W	21d. INJURY OCCURRED While Not while of wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC. 21f. LOCATION Street ar R.F.D. Na. City ar Town Cause of wark	
	22a. I certify that XIX (this haspital) attended the deceased from September 23, 1968, to April 19, 1969 saw the deceased alive an April 19, 199, and that in (A) (aur) apinion death accurred an the date an causes stated above, (X (we), (did), XXXXIX) view the bady after death.	_, that (A) (we) last d haur and fram the
	22b. SIGNATURE DEGREE ATTENDING MED. DIRECTOR STAFF 22c. DATE SI 14/2 22d. PHYSICIAN'S 22e. ADDRESS 22e. AD	L/69 Maryland
	NAME(Type) L. V. Maldve, M. D. Deer's Head State Hospital, Sa	alisbury,
B	urial 4/22/69 Grace Venton Marylana	unty) (State)
0.4	FUNERAL DIRECTOR ADDRESS 2SG, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNAL	TUDE

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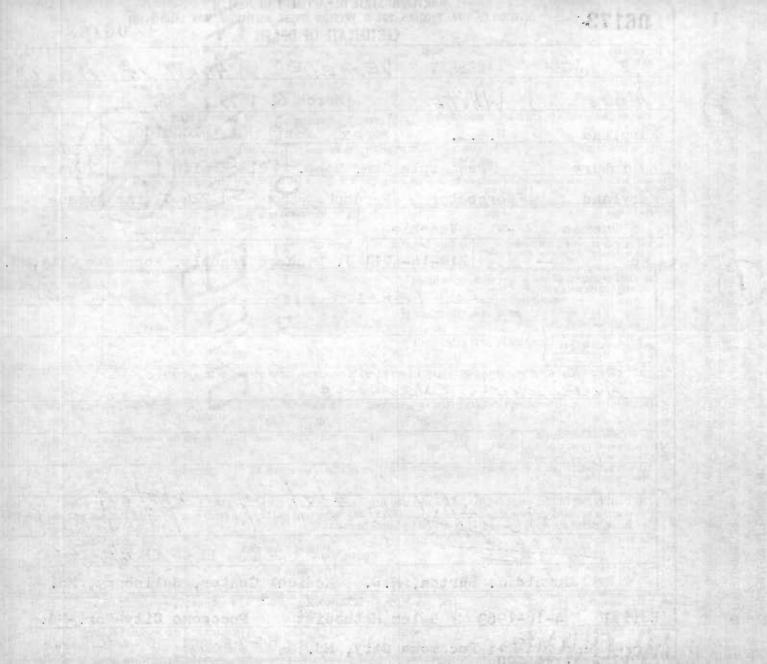
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MARYLAND STATE DEPARTMENT OF HEALTH

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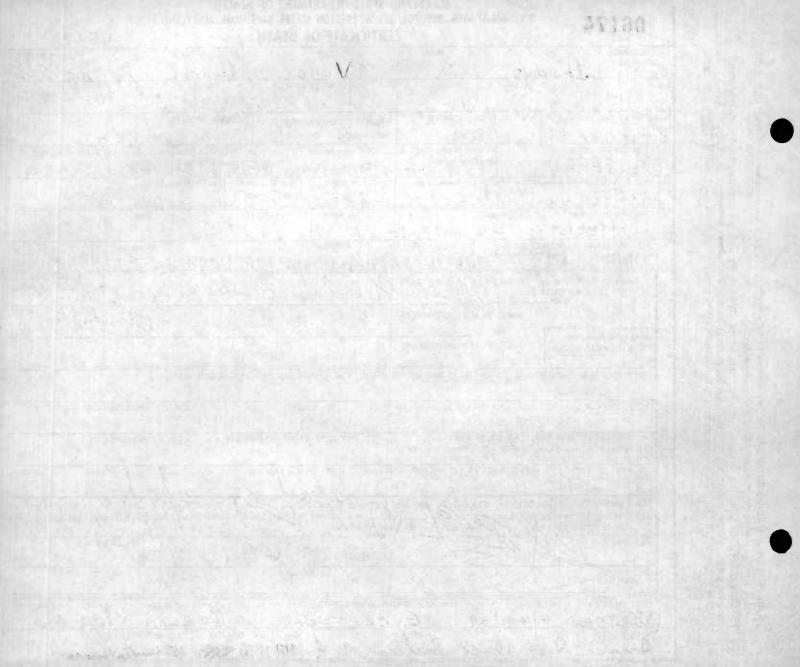
	MARYLAND STATE DEPARTMENT OF HEALTH
	06172 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
A.	CERTIFICATE OF DEATH 06168
÷ -7÷	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) TOUNT WE'ST EV 1/5 4/4 5/4 20. DATE OF DEATH 2b. HOUR 25
er death. funerol 7 and 2 er death.	(Type or print) JOHN WESLEY VENABLE APRIL 15 DOY 1969 97
fur fer	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
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Pour John	76. BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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completely filled is avec carbon popely, within 72	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. LISUAL OCCUPATION (Kind of work done 132), KIND OF PURINESS OR
e executed with ond completely f remave carbon on ony event, with	Salisbury give street oddress) Salisbury Peninsula Gen. Hosp. during most of working life even if retired.) NOUSTRY Foundry
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com som	Maryland 136 (COUNTY Pocomoke YES 724 Clarke Avenue 724 Clarke Avenue
ond complet remave car	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
be on o se o	Thomas Venable - unknown -
eath certificate be exe ending physician ond control of the please remo or removal, and in any	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, po, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY ND. 17. INFORMANT Address
P P P P P P P P P P P P P P P P P P P	NO 219-14-471 J. Richard Venable, Pocomoke City, Md
the attending the strong the attending the motion, or remo	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
a la	IMMEDIATE CAUSE (0) _ Car lanceles
he of per jon, ion,	DUE TO, DR AS A CONSEQUENCE OF
the the most	Conditions, if ony, which gove rise to immediate couse (o), (b)
tron	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
equires that the physicion. signed by the burial-tronsit	(9)
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. be retained by the haspital or ottending physician. DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral is 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages. I and 2 ed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours effer death.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
AN: The low rool of or ottending icote has been for use as the Health prior to	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
the last last last last last last last last	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO 100 CAUSES OF DEATH? 1210. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIRY 121c HOW INITIRY OCCURRED (Enter nature of initing in Part 1 or Part 2 Ham 18.)
or o	21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
ICIAN pitol rtifico d for of He	GRICONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor
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DING PHYS by the has lifer this ce be detache Stote Dept.	While Not while of work OFFICE BUILDING, ETC.
NG the terminate of the total	220. I certify that (1) (this haspital) attended the deceased from 4/8/1/1947, to 4/1/2/1947 that (1) (worlds
NDI Sed bo	sow the deceased alive an 1969, and that in (my) (our) apinian death occurred on the date and hour and fram the couses stated above (i) (we) (did) (did not) view the bady ofter death.
OR ATTENDING be retoined by the DIRECTOR: After a 3 should be d led with the Stote	
OR A De ret De ret De ret De ret De ret De Rec 3 sle e 3 sle de wiised will be de ret	22b. SIGNATURE DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. 22c. DATE SIGNED 4/23/69
Ded / be	DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 22e. ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached for use as the burial-trans, should be filed with the State Dept. of Health prior to burial, creit.	NAME (Type) Oswald J. Burton, M.D. Medical Center, Salisbury, Md.
HOS ge 4 FUN recto	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF SERVICE 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 ip	Buria (Spirity) 4-18-1969 Salem Methodist Pocomoke City-WorMd.
VR AIST W	ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE POCOMORE City. Md. DATE 25 1969
45M - 1X69	Molecon N. Walson Pocomoke City, Md. DATE 25 1969 Milantes Judge



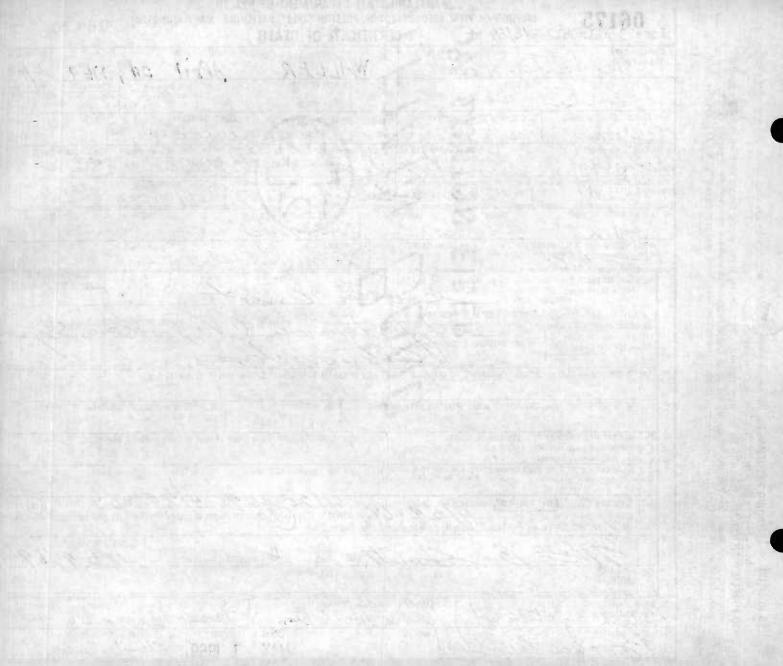
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thin minel page hau		WAS DECEASED EVI es, na, ar unknow	R IN U.S. ARMED FO	RCES? or or dates of service)	16b. SOCIAL SECU	RITY NO.	7. INFORMANT Charle	s Vins	onPrince	DDRESS Ann		
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1		06174	DIVISION OF VITAL K		TE OF DEATH	MORE, MARYLAND 21201	06170
) DEC	ASED-NAME First	M	iddle	Lost	2o. DATE OF DEATH	06170
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		Y OR TOWN OF DEATH	11. NAME OF HOS	PITAL OR INSTITUTION (If not i	in haspital 120, USUAL	OCCUPATION (Kind of work done	12h KIND OF BUSINESS OF
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5		MILLIA	M SCHOP		ANNA	(2)	
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	n	se to immediate cause (a).	(b)	DUENCE OF		C	
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		OR CONTRIBUTING CAUSE OF DEAT		Day Year 21c. HOW	INJURY OCCURRED (Enter r	nature of injury in Port 1 or Port 2	2, Item 1B.)
	ă (i	f either, notify medical examin	ner) P.M.	19			
	i	Vhile - Not while -	PLACE OF INJURY (AT HOME, FA	RM, STREET, FACTORY.) 21f. LOCA	TION Street or R.J.D. No.	City or Town	County State
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11	2	2b. SIGNATURE	1115		ATTENDING MEI	D. STAFF D 220	c. DATE SIGNED
,		- F		DEGREE	PHYS. DIR	ECTOR PHYS.	
1	2	2d. PHYSICIAN'S NAME (Type)			22e. ADDRESS		
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×	230. E	URIAL, CREMATION, 23b. I	1	NAME OF CEMETERY OF CR	LG CN	23d. LOCATION (City or Town)	(County) (State)
0		INERAL DIRECTOR	1101	ADDRESS	2So. REC'D BY		C'S SIGNATURE
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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		06175 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	06171
	1	tem23 FilmGl12 5/6/69 kk CERTIFICATE OF DEATH	20 % L .V.
+ -7+		DECEASED-NAME Type or print) Middle Last 2a. DATE OF DEATH Month Day	2b. HOUR
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	3. 5		UNDER 1 YEAR IF UNDER 24 HRS.
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ithin on pa	1D.	OTY OP TOWN OF DEATH J. NAME OF HOSPITAT OR INSTITUTION (If nat in hospital during prost of working life, even it retired.)	12b. KIND OF BUSINESS OR
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cer The p		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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he I he I strength	CERTIFICATION	YES NO CAUSES OF DEATH?	DEKED IN CERTIFIING
or o		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	18\
E Ferre	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) P.M. 19	10.7
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END led S: A lid he S		saw the deceased alive an	and haur and from the
Should the train		22c. Date	SIGNED
OR Se re re d w		DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	54/19
AL Doy by		22d. PHYSICIAN'S 22e. ADDRESS	1/0/
SPIT 4 m or, or, d be		NAME (Type)	timetal.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-franshould be filed with the State Dept. of Health prior to buriol, cree	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR PREMATORY (23d. LOCATION (City or Town)) (C	County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06176 CERTIFICATE OF DEATH 0617 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH death. 2b. HOUR (Type or print) Month SARAH ELIZABETH WALLER April 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years If UNDER 1 YEAR last birthday) MONTHS White July 12, 1924 Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED country) Maryland USA DIVORCED [attending physician and campletely filled sermit. Then please remove carban papel WIDOWED WICOMICO requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Peninsula General Hospital during most of working life, even if retired.)
Housewife INDUSTRY Salisbury event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🔀 Wicomico Salisbury NO 510 Washington Street Maryland in any 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Ella Thomas Alonza Α. Larmore and. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (husband) 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) (If yes give war or dates of service) burial, cremation, ar remaval, 216-16-7162 Mr. Horace E. Waller, Salisbury, Maryland no APPROXIMATE INTERVAL ETWEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove burial-transit rise to immediate cause (o), signed by be retained by the haspital or attending physician. DUE TO, OR AS A CONSE stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director name 3 should be detached for use as the 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO NO 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be detached for State Dept. of H (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County State While Not while 220. I certify that (I) (this hospital) attended the deceosed from Receased alive an_ 969, and that in (my) (aur) apinion death accurred on the date and hour and fram the director, page 3 shauld shauld be filed with the stated abave, (UTWe) (did) (did not) view the body after death. 22b. SIGNATI 22c. DATE SIGNED /1969 DEGREE April DIRECTOR PHYS PHYS. 22d. PHYSIC 22e. ADDRESS E. M. Beardsley Salisbury, Maryland 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Burial (Specify) April 11,1969 Wicomico Memorial Park Salisbury, Wicomico, Maryland 24. FUNERAL DIRECTOR **ADDRESS** VR A15 Maries HOLLOWAY & COMPANY, SALISBURY, MARYLAND

1 1	06177 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
	CERTIFICATE OF DEATH	06173
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a du	4. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First	Middle Lost
ad in diri	JAMES SKINNER CARRIE TA 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	40mAS
physician and chemples of the property of the presentation and in any chemples of the property	Yes, no, or unknown) (If yes give war or dates of service) 226 - 61.7429 PERCY Walley	Address
he death certific e attending phys permit. Then p tian, ar remaval,	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchopneumonia, Right Lung	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days
at the sit as a sit a man	Conditions, if ony, which gove rise to immediate couse (a). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral Thrombosis Due to Arterioscler DUE TO, OR AS A CONSEQUENCE OF	rosis 8 months
hysicic hysicic gned urial-t	lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1(0)
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OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by ge 3 shauld be detached far use as the burial-trailed with the State Dept. of Health priar ta burial, cre	22a. I certify that (A) (this haspital) attended the deceased from October 28, 1968, ta April 15, 1969, and that in (my) (aur) apinian death accurred causes stated bave, (N (we) (did) (NN) view the bady after death.	an the date and haur and fram the
OR OR I Seed w	22b. SIGNATURE DEGREE PHYS. DIRECTOR PHYS.	Z 22c. DATE SIGNED 4/15/69
O HOSPITAL OR Page 4 may be O FUNERAL DIR directar, page 3 should be filed	22d. PHYSICIAN'S NAME (Type) L. V. Maldve, M. D. 22e. ADDRESS Deer's Head State Hos	
TO HO Page TO FUN direct	BEMOVAL (Specify) 4-19-69 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY OF RICHARDS EASTON	TALBOT Md.
VR A 5 (1)	4. FUNERAL DIRECTOR J & DASHIELI FUN'T HOMEDRESS426 DOUBR 250. REC'D BY REGISTRAR 256. Barbara L. Dashiell - EASTON, Md. 21601 DATE APR 18 1969	REGISTRAR'S SIGNATURE ACCEPTAGE AND STREET

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06174 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUF delay h. nd 3 ta (Type or Print) ESTI-**JAMES** WEST 11-18-6910 DEATH MATED Department IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2d. HAUR 3. SEX 2c. DATE PRONOUNCED DEAD PM3. F 18 Year 69 58 YRS 12-26-10 Male AA 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Office alang with farm country) Wicomico WIDOWED [DIVORCED Md 18. Give Pages with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give Preninsula General Salisbury death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Wicomico Rt. 2, Purnell St. odmission) STATE Md. Salisbury YES NO 24 hours in Item 18 land 2 after First Middle IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME lost noun pages haurs te certificate, writing the ward "pending" in pending shauld be farwarded to the Chief Medical Examiners 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAT SECURITY NO. 17. INFORMANI ADDRESS (If yes give war or dates of service) APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY sudden Coronary occlusion IMMEDIATE CAUSE (o) ____ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (o), in any This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse remaval, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION used 190. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? the certificate, YES 🗍 NO X pe 5 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING burial, crematian, far yaur files. CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE T Inquiry X 22a. I certify that Ltoak charge of the remains described above, held an Autapsy ... Inspection X and in my apinian the funeral directar. Natural causes X. Accident Suicide | deoth resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER prior 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1969 April 21. Royer M.D. Earl L. DEPUTY MEDICAL EXAMINER TO FUNER Health may Camden Ave., Salisbury, MdADDRESS(Street, city, town, or county) NAME (Type) 1109 5 230. ADRIAL CREMATION 23b. DATE 23c. NAME 23d. LOCATION Leity or Fown) (County) (Stote) nue 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Booker West Funeral Home, Salisbury, MchartAPR 10M REV. 1/68

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		MARYLAND STATE DEPARTMENT OF HEALTH
		06179 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 06175
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cer The The		TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
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The law ratending has been se as the th priar ta	SATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The part of	CERTIFICATION	YES NO CAUSES OF DEATH?
AN: al ar cate ar t		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.)
Did iffiliation	MEDICAL	(If either, natify medical examiner) P.M. 19
HYYS has backe ache	×	21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
the Deet of the De		al wark di wark
by Affee State		220. I certify that (I) (this hospital) attended the deceased from April 28, 1967, to April 33, 1967, that (I) (1961) lost saw the deceased alive on April 23, 1967, and that in (my) (see) opinion death accurred on the date and hour and from the
R: A		couses stoted obove, (I) (we) (did not) view the body ofter deoth.
ATI ATI		226. SIGNATURE 22c. DATE SIGNED
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician. MRECTOR: After this certificate has been signed by the attending physician e 3 shauld be detached far use as the burial-transit permit. Then pleased with the State Dept. af Health priar to burial, crematian, ar remayal, and		tiones C. Hell S. DEGREE PHYS. DIRECTOR D STAFF 226. DATE SIGNED
AL Day bagg		22d. PHYSICIAN'S 22e ADDRESS
SPIT 4 m 4 m ar, d b		NAME (Type) PINE BluFF Rd. SALISBURY, Md
Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carban paper should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72	23a	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
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VR A15 (4)	24.	FUNERAL DIRECTOR ADDRESS PRECIDENT STORMAN PROJECT BY REGISTRAR SIGNATURE PAPER 2 9 1969 THE REGISTRAR'S SIGNATURE PAPER 2 9 1969
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	illec pap pap	10.	CITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INST	ITUTION (If not in has		OCCUPATION (Kind of wor	k done	12b. KIND OF BU	SINESS OR
	Despitation of ATENDING PHYSICIAN: the law requires that the death certificate be executed within 24 hours offer death Page 4 may be retained by the hospital or attending physicion. Description of corrections after this certificate has been signed by the attending physicion and corrected filled in the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death	1	ALISBURY	KT	et oddress)	N. Hosi	PITA during mo	at of warking life, even if	eticed.)	INDUSTRY 1	MJ
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	ndir ndir s th ior 1	110	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERF	FORMED 200	. AUTOPSY?	20b. IF YES, WERE FIN	DINGS CONSI	DERED IN CERT	TEYING
	or programme	CERTIFICATION					YES NO NO	CAUSES OF DEATH?		THE IN CERT	
W. Colo	of use	CER	21a. ACCIDENT WAS UNDERLYII	NG 21b. TIME OF IN.	JURY			noture af injury in Part 1 or	Part 2 Item	18 \	
	ifico ilitical	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. A	Month Day Year		A STEERING (EINER	notice at impry in rail 1 of	7 411 2, 110111	10.)	
5	rent cert cert thed	MED	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT	HOME, FARM, STREET, FACTO	DRY.) 21f. LOCATION	Street or R.F.D. No.	City or Town	0	aunty	Stote
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	O O O O O O O O O O O O O O O O O O O		causes stoted obov	e, (I) (we) (did) (did	d nat) view the b	ady after death.					
	3 St Class		22b. SIGNATURE		0.11	AT	TENDING ME	D. STAFF	22c. DATE	SIGNED	.0
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5	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us shauld be filed with the State Dept. af Healt	-	W///L	UK LI	-6/3	1,	MEDICA	- CENIER		HISDURY	1,11101
	age age direction with the state of the stat	23a.	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CE	METERY OR CREMAT		23d. LOCATION (City or Tov	vn) ((County)	(State)
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0-1			ND STATE DEPARTMENT OF S, 301 W. PRESTON STREET, BALL		
	06181	STATES OF THE RECORD	CERTIFICATE OF DEATH		06177
er deoth.	1. DECEASED-NAME (Type or print)	First Middle	Lost	20. DATE OF DEATH	2b. HOUR
de	2 CCV	ISAAC SAMUEL	WILLIAMS	April 26	
the fu	3. SEX Male	4. RACE White	S. DATE OF BIRTH April 22, 18	6. AGE (In years last birthday) 84 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
24 hours after deoth din by the funeral pers. Pages I and 272 hours after death	7o. BIRTHPLACE (Stote or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH WICOMICO	Md.
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ond cremo	14. FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN NAME		Lost
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ficot ysici ple ol, a	Yes, na, ar unknawn) (If yes	give wor or dates of service) 220–28–09	(3011)	Address Williams, Salis	bury Maryland
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ICIAN: oital or tificote d for u of Heal	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.M. Month Day Yes	21c. HOW INJURY OCCURRED (Ente	er noture af injury in Part 1 or Part 2,	Item 1B.)
he hos this cel detache e Dept.	While Nat while at wark	21e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.D. No.		County State
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OR ATTENE be retained DIRECTOR: A ge 3 should ged with the	22b. SIGNATURE	Aller a	7 NAD		DATE SIGNED / 1969
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06182 06178 CERTIFICATE OF DEATH death be executed within 24 hours ofter death funerol 1 ond puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Maryland Wicomico ours ofter MARYLAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (# autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town)
Salisbury. years d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? JAIN 5 Springhill Sanitarium within The YES NO ond completely fi remove carbon NAME OF First Middle Last DATE Manth Day Year DECEASED 1969 Dora se April (Type or print) DEATH and in any event, IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** rthday) Months Doys Haurs F W WIDOWED DIVORCED puo IDb. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 11. BIRIHPLACE (County & State, or foreign country) please during most of working life, even if retired) CQUNTRY? JNDUSTRY DUOKILESPER certificate ST RED attending physic permit. Then ple 14. MOTHER'S MAIDEN NAME 18. FATHER'S NAME removal. Address 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO OR ATTENDING PHYSICIAN: The low requires that the death (Yes no ar unknown) (If yes give yor andates of service 0 cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (3), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) þ be retained by the hospital or attending physician. DUE TO signed ! burial, Conditions, if any, which gave nise to immediate couse (o), DUE TO stating the underlying cause been as the 19. WAS AUTOPS PERFORMED? this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detoched for use the Dept. of Health p NO 2Do. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part 11 af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (City or town) (State) 2Dc. TIME OF INJURY Manth, Day, Year (County) Hour 'a m factory, street, affice bldg., etc.) After 21. I certify that (I) (this haspital) attended the deceased fram 1968 with the and that death accurred of 5 saw the deceosed alive an TO FUNERAL DIRECTOR: M, from causes and on the date stoted above. 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. , page 3 be filed 22d. ADDRESS O HOSPITAL Page 4 moy Philip A. Tnsley E. Main St. Salisbury. NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION DATE THEREOF 230. 2So. REC'D BY REGISTRAR 2Sb. FUNERAL DIRECTOR VR A15 (4)

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MAKYLAND STATE DEPARTMENT OF HEALTH

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